

NUTRITION & HEALING

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REPORTS INSIDE

LIBRARY OF FOOD AND VITAMIN CURES

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Nutrition and Healing

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Dr. Jonathan V. Wright's

NUTRITION & HEALING

Green Medicine™

The safe, do-it-yourself treatment possibility for Alzheimer's you can get at your local pharmacy

By Jonathan V. Wright, M.D.

Until very recently, the best strategy for Alzheimer's disease "treatment" has been prevention. Of course, you might remember a few years ago when reports of an "effective" treatment for Alzheimer's symptoms made the news.

Researchers reported that injections of a patent medication called Enbrel® resulted in a significant return of memory in Alzheimer's patients.¹ In fact, one patient even had a noticeable improvement within minutes after a single injection.²

Unfortunately, Enbrel shots aren't a do-it-yourself treatment: They must be injected directly into the spinal canal—a procedure that can only be done by a specialist in neurology or neurosurgery. And it's just as dangerous as it sounds—not to mention expensive. The cost of the patent medicine alone would be

between \$9,918.94 and \$19,837.87 per year. However, as my colleague Robert Rowen, M.D., put it, even though Enbrel is a dangerous patent medication, Alzheimer's is an indescribable tragedy, and with no other effective treatment, the risk and expense may be worth it.

But what if there were a safe, inexpensive, and effective alternative? According to some recent research, the best treatment for Alzheimer's may be a simple vitamin you can take right at home.

Repair Alzheimer's damage with a single vitamin

According to the abstract from the study: "We evaluated the efficacy of nicotinamide...in...mice, and found that it restored cognitive deficits associated with [Alzheimer's disease]."³ After describing the bio-

chemical and structural improvements observed in the mouse brain cells, the researchers concluded: "These preclinical findings suggest that oral nicotinamide may represent a safe treatment for Alzheimer's disease..."

"Nicotinamide" is another name for what is more commonly referred to in this country as "niacinamide."

Read the label carefully!

Although the names are quite similar, niacinamide is *not* niacin. Niacin can have many more side effects than niacinamide, particularly at higher quantities. Should you decide to try niacinamide for a family member suffering from Alzheimer's disease, make *certain* it's not niacin.

Both are types of vitamin B₃.

While the niacinamide didn't have any effect on the most common marker of Alzheimer's, beta-amyloid, it did cause a 60 percent decrease in another marker, called "tau protein" (one specifically referred to as "Thr231-phospho-tau").

Niacinamide was also associated with an increase in "microtubules," which carry information inside

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Library of Food and Vitamin Cures

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Report #1

**New Secrets for Reading
Your Body Like a Book**

By Jonathan V. Wright, M.D.

New Secrets for Reading Your Body Like a Book

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Introduction

When's the last time you read a mystery novel? Whether you prefer Sherlock Holmes, Miss Marple, or Charlie Chan, all these great detectives have one thing in common. They use common sense and hard facts to uncover the most obvious signs in order to solve the mystery. But what does a mystery novel have to do with you? Everything.

Imagine if you could read your own body just like a book... Well, you can. By looking at the right signs, you can solve the mystery of whatever's ailing you. Page by page, you will uncover clues for conquering illness and disease. By the end of your quest, you will have found the true path toward optimum health.

Here's how it works.

There are warning signs written all over your body that point directly to a larger problem with your health. But all too often we shrug off changes to our skin, hair, fingernails, and other parts of our bodies as a natural part of growing older.

And, in the age of the 10-minute routine checkup, your doctor probably doesn't take the time to look for hidden warning signs pointing to larger problems like heart disease, diabetes, food allergies, and nutritional deficiencies. Too often, your doctor takes your weight, measures your blood pressure, and sends you on your way.

The good news, however, is that the signs can be written all over your body and they are simple for you to spot. And once you know what to look for, you can take the steps needed to prevent or even cure many serious illnesses.

With this special report, you'll learn exactly how to read your body like a book. You'll begin to look more closely at your skin, hair, eyes, tongue, and other parts of your body to find vital clues for lurking illnesses.

Before you read the next few pages, I recommend you take out a pen and look into the mirror. Place a check in the box next to each symptom you see on your body today. You might be surprised by how many signs you'll find.

Then, read the following report to discover what your body is trying to tell you. In most cases, you'll find there are natural, inexpensive, and non-prescription remedies for your most worrisome problems. Sometimes, it's even just a matter of making slight changes to your diet.

However, you'll notice that in many instances, I don't give direct dosage advice. When you're making self-observations like these, it's always a good idea to compile a complete list of the things you notice and meet with a doctor skilled in nutritional medicine before making any changes or additions to your supplement program. Your specific combination of symptoms might require a different nutrient and dosage combination than someone else, and your doctor can help you tailor a program specifically suited to your own needs.

For a list of naturally oriented physicians in your area, please contact the American College for Advancement in Medicine (800)532-3688; www.acam.org; the American Association of Naturopathic Physicians (866)538-2267; www.naturopathic.org; or the American Academy of Environmental Medicine (316)684-5500; www.aaem.com.

COMPLETE BODY CHECKLIST

- | | |
|---|--|
| ☐ Rosy cheeks | ☐ Premature gray hair |
| ☐ Yellowish skin | ☐ Thinning body hair |
| ☐ Teenage acne | ☐ Pale tongue |
| ☐ Adult acne | ☐ Scalloped tongue |
| ☐ Psoriasis | ☐ Bumpy tongue |
| ☐ Eczema | ☐ Bleeding gums |
| ☐ Skin tags | ☐ Canker sores |
| ☐ Dry skin | ☐ Cracked lips |
| ☐ Raised dry spots | ☐ Cold sores |
| ☐ Forehead wrinkles | ☐ Dark circles under the eyes |
| ☐ Varicose veins | ☐ Cloudy eyes |
| ☐ Easy bruising | ☐ Red, watery eyes |
| ☐ Cracked, callused feet | ☐ Eye hemorrhages |
| ☐ Earlobe creases | ☐ Cracked nails |
| ☐ Cracked ear skin | ☐ White spots on fingernails |
| ☐ Dry, flaky scalp | ☐ Neck or back pain |
| ☐ Sensitive scalp | |

CLUE # 1: Skin

Your skin is your body's largest organ. Don't miss the obvious signs of illness.

Problems throughout the body very often surface first on the skin. Even dry skin can point to a more serious problem. Look hard in the mirror and read the signs.

❑ ROSY CHEEKS

Your dermatologist probably doesn't talk about it...but many skin ailments are directly related to problems in your stomach.

Do you have rosy cheeks and/or broken capillaries on your nose? Do you find that many people assume you're a heavy drinker? What most of us don't realize is there's often a strong correlation between red faces and low stomach acid production. And Father Time is the culprit.

As we get older, our stomachs stop producing adequate levels of hydrochloric acid and pepsin. By taking supplements of these elements, you can often correct this simple digestive problem. You'll feel and look a whole lot better!

Is your face generally red all over? Is it most noticeable on your forehead and cheeks? Maybe you even suffer from medium to large acne-type bumps. Your dermatologist has probably diagnosed it as acne rosacea and put you on some type of prescribed medication. But did you know this, too, almost always signals low stomach acidity? Taking supplemental hydrochloric acid and pepsin will not only help aid your digestion but also, in all likelihood, help combat your acne rosacea.

Here's what you can do. Take one capsule (5, 7-1/2, or 10 grains) of either betaine hydrochloride-pepsin or glutamic-acid hydrochloride-pepsin just before meals. If there are no problems, then gradually increase the dosage over several days to the recommended amount (40 to 90 grains per meal). This kind of treatment should always be carefully monitored by a physician. Also, hydrochloric acid should never be

used in combination with aspirin, Butazolidin, Inod-icin, Motrin, or any other anti-inflammatory medications. These medications can cause stomach bleeding and ulcers, so using hydrochloric acid with them increases the risk.

❑ YELLOWISH SKIN

Many people over 50 have a slightly yellow tone to the facial skin. Most of us just chalk this up to getting older. But there is something you can do to get back the rosy glow of your youth. Vitamin B₁₂ injections have been found to help restore the healthy pink-red tones to the face and even support the health of the nervous system. A lack of B₁₂ frequently is due to an older stomach that also isn't making the amounts of hydrochloric acid and pepsin that it once did.

Don't shrug off a brownish-yellow discoloration of the skin on the front of your legs either. This is very often an early warning sign for insulin problems and diabetes.

A slightly yellow tone to the skin all over your body often points to a larger problem. Your thyroid might be underfunctioning. You must be persistent in discussions with your doctor, because a slight hypothyroidism often doesn't show up in a blood test.

You should also watch out for the other telling signs of an underfunctioning thyroid, such as persistently low body temperature, dry skin, poor hair, and weak nails.

❑ TEENAGE ACNE

Teenagers everywhere suffer from chronic acne and are taken to the dermatologist for a quick fix. But most often, by eliminating refined sugar from their diets, teenagers can stop spending hours in front of the mirror trying to cover up the problem. Eating more foods with zinc and essential fatty acids, like unroasted sunflower seeds and pumpkin seeds, is also very helpful. For very serious cases, however, supplements can be most effective. Also, if the teenager's acne is very severe, it's likely he or she probably has some type of food allergy.

*****Note:** Sixty percent of all undiagnosed ailments involve some type of food sensitivity. There are many ways to identify food allergies and sensitivities. Physicians and other health-care practitioners have found that elimination diets, certain types of skin tests, blood tests, muscle testing, electrodermal testing, and radionics are all helpful in the identification of food sensitivity.

Many teenagers also suffer from rough, bumpy skin on the backs of their arms. This often points to a deficiency in vitamin A. Eating lots of carrots, sweet potatoes, yams, and squash can be very helpful. Sometimes, this also points to a lack of essential fatty acids and B-vitamins.

☐ **ADULT ACNE**

If you're over 25 and still suffer from acne, you undoubtedly have some type of food allergy. For complete acne relief, these allergies need to be identified and dealt with. However, topical application of "creams" containing niacinamide, azelaic acid, tea-tree oil, and pantothenic acid can reduce acne for teens and adults alike.

☐ **PSORIASIS**

If you have psoriasis, you know all too well what those silvery scales or red, raised patches on your hands, arms, and face look and feel like. The elements nickel and bromide in very small quantities can help cure this chronic skin problem.

☐ **ECZEMA**

If you have red, cracking skin on your hands and other parts of your body and have been diagnosed with eczema, food allergies are part of the problem. Also, supplemental zinc and essential fatty acids are very necessary for children and others with eczema.

☐ **SKIN TAGS**

As we get older, many people develop seemingly harmless skin "tags" under the arms, behind the neck, and in the groin area. But they're definitely not something to ignore...and are more than just a cosmetic problem.

Even though skin tags are thought to be viral in origin, these skin growths can be a distant warning sign for type 2 (maturity-onset) diabetes. You should definitely ask your doctor for a glucose-insulin tolerance test. (This test is used to determine "insulin resistance." The ordinary glucose-tolerance test will not find insulin resistance, which is a precursor to type 2 diabetes.) Even if diabetes doesn't run in your family, skin tags sometimes indicate a higher risk for you!

☐ **DRY SKIN**

Do you apply a moisturizer after shaving or taking a shower? Cosmetic companies have made millions of dollars marketing their special creams to women and men who suffer from dry skin. But dry skin points to a nutritional deficiency of essential fatty acids. If you increase fish, nuts, and salad oils in your diet, your dry skin won't come back even in the harshest of winters!

☐ **RAISED DRY SPOTS**

Many older women suffer from small, slightly raised dry spots, called "actinic keratosis," on their hands and forearms. Rubbing Retin-A, a natural acidic form of vitamin A, into these patches often helps reduce the size or take them away entirely if used persistently. A prescription (or a trip to Mexico) is required, so check with your doctor (or travel agent!).

☐ **FOREHEAD WRINKLES**

Most of us have them. Wrinkles are a part of getting older, right? But if your wrinkles run vertically on your forehead and are accompanied by abdominal pain, there's a good chance you have a duodenal ulcer. I recommend taking a test for *Helicobacter pylori*. If the test turns out positive, try a natural substance called mastic. Use 500 milligrams three times daily for four to six weeks.

☐ **VARICOSE VEINS**

Most women accept varicose veins as a part of motherhood and growing older. And, yes, they do run in certain families. But so does a higher requirement for flavonoids, which strengthen veins and prevent

varicose veins in the first place.

Flavonoids are found in citrus fruits, blueberries, and all other red, blue, and purple fruits and vegetables, as well as a long list of botanical supplements, including hawthorn, bilberry, ginkgo, horse chestnut, pycnogenols, and many others. Vitamin E and magnesium are helpful too. A diet high in fiber decreases the pressure inside the abdomen, allowing the blood to return from the legs to the heart more easily with less “back pressure.”

☐ EASY BRUISING

Let’s set the record straight. Easy bruising doesn’t mean you’re a weakling. It actually points to a potentially serious nutritional deficiency that can lead to uncontrolled internal bleeding.

Easy bruising is often due to a vitamin K deficiency or a lack of flavonoids (which help keep small blood vessels strong) in your diet. Try supplementing with vitamin K (5 to 10 milligrams daily). (You may have a bit of difficulty finding an adequate-dose vitamin K supplement, but keep trying.) If insufficient vitamin K is the problem, you should see a difference after six to eight weeks. If vitamin K isn’t sufficiently helpful, use a supplement of one of the sources of flavonoids listed above.

☐ CRACKED, CALLUSED FEET

It’s true. Most men, and many women, don’t pay much attention to their feet. But we all should...rough skin on our feet can signal serious nutritional deficiencies. If you have cracked feet and heels, your body lacks the essential fatty acids it needs. Flaxseed oil, 1 tablespoonful daily, is one of the best-balanced sources. Be persistent: Ten to 12 weeks may pass before the cracks disappear. In some cases, it may be necessary to add supplemental zinc too.

Calluses along the edge of your heel mark a deficiency in vitamin A (not beta-carotene). Again, it may take 10 to 12 weeks of supplemental vitamin A (not beta-carotene) to lessen the calluses. A dosage of 40,000 IU daily is safe for adults.

☐ EARLOBE CREASES

Do you have diagonal creases across your earlobes? If so, it might mean you’re at higher risk of developing cardiovascular disease. If you’re eating right, getting regular exercise, and taking vitamin E, it’s probably nothing to worry about. But you may want to have your cholesterol, triglyceride, homocysteine, and C-reactive protein levels checked.

☐ CRACKED EAR SKIN

If you have cracked skin behind your ears, your body isn’t getting all the nutrients it needs. Add more zinc and essential fatty acids to your diet through pumpkin seeds, sunflower seeds, and fish oil supplements until it’s healed.

CLUE # 2: Hair

There's no such thing as care-free hair.

Some women and men spend hundreds of dollars a year at the hair salon in search of shiny, healthy, and care-free hair. But frequent trips to your stylist and high-priced shampoos can't change what a good look in the mirror should tell you.

Whether you have got a dry and sensitive scalp or thinning and dull hair, your diet, not your shampoo, is often the cause of the problem.

❑ DRY, FLAKY SCALP

A dry, flaky scalp at any age reflects a diet too high in refined sugars and lacking in fatty acids. Dull, lifeless hair points to the same serious problem, not a buildup of shampoo.

Eliminate those refined sugars! Add dietary sources of essential fatty acids, such as fish, unroasted nuts and seeds, and salad oils. (Roasting nuts and seeds destroys much of the fatty-acid content). In addition, supplementing with at least 1 tablespoonful of flaxseed oil daily plus B-complex vitamins is usually necessary for a minimum of three to four months to restore a normal sheen to hair and eliminate that dry, flaky scalp.

❑ SENSITIVE SCALP

If your scalp is always tender to the touch, or if pulling on your hair hurts, try taking cod-liver oil (this works especially well for children), or for adults, try vitamin-D supplements. But be careful; it's possible to take too much vitamin D!

❑ PREMATURE GRAY HAIR

There might be a natural way to prevent premature graying. Try adding some extra PABA (paraaminobenzoic acid, a B vitamin) to your supplement program. Some people have also found success using the Chinese herbal "ho-shou-wu" or "fo-ti."

❑ THINNING BODY HAIR

By the time they reach middle age, many women begin losing hair on their heads. Hair loss on a woman's head (except in women who are pregnant, have recently been pregnant, or are taking estrogen) is probably caused by low stomach acid, also known as hypochlorhydria.

As we age, our stomachs stop producing adequate levels of stomach acid and pepsin. This leads to poor digestion of essential proteins and impedes the growth of new hair. By supplementing your diet with hydrochloric acid-pepsin capsules (see page 3 for details), you'll begin to digest and absorb protein properly and your hair loss should stop.

Hair loss on your lower legs and especially an abnormal loss of underarm or pubic hair frequently indicates that you have seriously low androgenic-hormone (DHEA and testosterone) levels in your body. And when you have low hormone levels, your immune system can't function properly. See your free bonus reports—*New Secrets of Potency, Vitality & Prostate Health* and *New Secrets Every Woman Needs to Know*—for important information about hormone-replacement therapy in men and women.

CLUE # 3: Mouth, Tongue, and Lips

In a routine exam, your doctor usually looks into your mouth at your throat. And, yes, dentists look closely at your teeth and gums. But who takes notice of your tongue?

You should! The tongue is a very important health indicator in the body, and you should learn how to read the changes to it and other parts of the mouth.

❑ PALE TONGUE

A healthy tongue looks rosy red. Does your tongue look pale in the mirror? It might mean that you're anemic and need more iron in your diet. Liver from organically raised animals is the best source. Also, be careful to look for hidden gastrointestinal bleeding as a cause of anemia.

❑ SCALLOPED TONGUE

If your tongue looks a little swollen and "scalloped" around the edges, don't assume that the condition is caused by pressure from your teeth. It's most likely due to food allergies. Have yourself tested right away.

❑ GEOGRAPHIC TONGUE

Does your tongue look like a geographic map, with smooth areas, raised rough areas, cracks, grooves, and contours? In fact, it's called a "geographic tongue." You're missing folate, vitamin B₁₂, and zinc in your diet. Once again, liver from organically raised animals is a good source for all three. Fresh green, leafy vegetables are good sources of folate; chlorella from the natural food store has both folate and B₁₂.

Very rarely, "geographic tongue" is a genetic and unchangeable condition; however, almost always, it reflects a lack of these nutrients in your body.

❑ BLEEDING GUMS

Periodontal disease can be corrected in many cases by supplementing with coenzyme Q10 and folate. A folate "mouthwash" can be especially helpful in reducing the bleeding.

❑ CANKER SORES

Do you have canker sores that keep coming back? These are very likely related to food allergies. Watch out for things that trigger the sores and eliminate them from your diet. Lactobacillus acidophilus will also help lessen recurrences. Also, avoid toothpaste with "sodium lauryl sulfate."

❑ CRACKED LIPS

If you have persistent cracks at the corners of your mouth and no amount of moisturizer gets rid of them, look to your diet once again! Your body is probably lacking riboflavin, vitamin B₂, and other B vitamins.

❑ COLD SORES

We know cold sores are associated with the viral infection herpes. To get rid of these tiny, yellow blisters, you should add more selenium to your diet. Selenium is found in garlic and onions. You may also need to take a regular selenium supplement to control unwanted recurrences.

CLUE # 4: Eyes

☐ DARK CIRCLES UNDER THE EYES

Your mom's not always right. Dark circles under the eyes don't always mean you're not getting enough sleep. They might point to a more serious problem...especially in children.

Dark circles and horizontal creases on the lower eyelids (called "Dennie's lines") often indicate serious food allergies that can affect behavior patterns in children and adults alike. For example, nearly all children diagnosed as "hyperactive" have allergies and sensitivities, especially food allergies. Try eliminating dairy and refined sugars from your diet and observe the results.

☐ CLOUDY EYES/CATARACTS

If you have cloudy patches in the lenses of your eyes and have been diagnosed with cataracts, you may be suffering from abnormal sugar-insulin metabolism. You should immediately eliminate all refined sugar from your diet. Here's how it works: The lenses of our eyes respond to high blood sugar levels by "helping" to remove some of the excess. Unfortunately, the lenses have nowhere to store this excess sugar, so, over time, it literally "condenses" into cataracts.

CLUE # 5: Fingernails

Like your skin and hair, your nails replenish themselves regularly. Because of this, they're often very visual outward signs of what's going on inside your body.

☐ CRACKED NAILS

Maybe you've always felt that your nails just don't grow. They're thin and weak. They bend, chip, and crack easily. Like most problems with your hair and skin, this points to a problem in your stomach involving low acid and pepsin production. Again, not enough protein and nutrients are being digested and absorbed into your body; as a result, the fingernails can't grow properly. Weak fingernails can also indi-

cate an intolerance for refined sugars and in more serious cases point to a weak thyroid.

There's also a possibility that lactose in cow's milk and other dairy products might have contributed to your condition. There is some evidence that vitamins B₂, A, and C, along with zinc and selenium, can slow down vision loss. There's also one exciting study showing that bilberry can stop and even reverse cataracts if it's taken when the problem is at a very early stage.

☐ RED, WATERY EYES

If you have chronic red, watery eyes, try eye drops with vitamins A and C to control the symptoms and strengthen the surface of the eyes. This will also clear up any viral infections in your eyes. You'll likely need to visit a nutritionally knowledgeable physician or a compounding pharmacist to obtain these drops.

☐ EYE HEMORRHAGES

When the normally white part of the eye turns bright red with blood, you've had a scleral hemorrhage. This could be an early warning sign for hypertension. Be sure to check your blood pressure. You'll also want to think about ways to strengthen your blood vessels with foods containing flavonoids and vitamin C, as well as deep green vegetables for their vitamin K.

☐ WHITE SPOTS ON FINGERNAILS

White spots on the fingernails almost always point to a zinc deficiency in the body. The problem is that zinc isn't found in large quantities in many foods. You'll probably need to supplement with zinc capsules. For some people, white spots can mean low levels of pancreatic enzymes or gluten-gliadin intolerance, both of which contribute to zinc malabsorption.

CLUE # 6: Bones and Joints

❑ SWOLLEN JOINTS

As we get older, many of our joints begin to ache and perhaps swell a little. Your doctor might call it osteoarthritis and recommend an anti-inflammatory drug that can cause stomach damage.

I recommend taking glucosamine and chondroitin to naturally repair the damaged joint cartilage and prevent swelling. Niacinamide is an essential supplement as well. Many people have also found that by eliminating “nightshade” vegetables such as tomatoes, potatoes, pepper, eggplant, and tobacco from their diets for several months results in a dramatic improvement.

During and following menopause, many women develop tender little lumps at the end joints of their fingers. Hormone-replacement therapy can help, but keep it natural. Extra vitamin B₆ and niacinamide can also prove effective.

❑ NECK AND BACK ALIGNMENT

If you have neck or back pain, it’s an obvious sign that you should see a chiropractor. But you shouldn’t wait until you’re laid up in bed before getting an adjustment.

Here are a few simple tests to determine if your alignment is correct:

1. Try rotating your head as far as possible to the left and right. If rotating is limited on either side, you should head to your chiropractor or osteopath for a neck adjustment.
2. Press firmly on the vertebral spines (those little bony bumps) on the back of your neck. Do you feel any tenderness?

* * * * *

It’s important when diagnosing and treating yourself that you know exactly what to look for. What are the signs that show you are likely to develop certain diseases...and what are the natural options available? You need to learn how to read your body like a book...and then figure out how to heal it.

And, of course, always consult your physician before making any changes to your current treatment program.

Report #2

**New Secrets for Repairing
Your Heart & Arteries**

By Jonathan V. Wright, M.D.

New Secrets for Repairing Your Heart & Arteries

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Secret #1

How to drop your cholesterol level by as much as 134 points without drugs or deprivation

“The doctor I saw for my check-up wants me to take a cholesterol-lowering drug,” David MacElroy began, “and his wife won’t let him!” Wendy MacElroy finished. “He finally took a step to check on and protect his health, and I won’t let him take that...that poison as a result.”

That’s what brought the MacElroys to my office at the Tahoma Clinic.

David admitted that he’d been a junk food eater all his life. His father and grandfather died from heart attacks at ages 56 and 61. With David’s cholesterol level at 322 and his HDL or “good” cholesterol at 34, he was definitely at high risk.

Determining the proper diet

I asked David to follow a low-fat diet (although not everyone benefits from low fat) and also explained the idea of “good fat” and “bad fat” to him. Until recently, the general consensus among mainstream health “authorities” was that saturated fats are bad and unsaturated fats are good. But as some research supporting high-fat, high-protein diets (like the Atkins diet) suggests, it’s not quite that simple.

There’s only one general type of fat that you should always avoid, and that’s the artificial, man-made type of fats—especially hydrogenated and partially hydrogenated vegetable oils.

You’ve probably noticed that these oils have been inserted into a myriad of products in the supermarket. Snack foods are the worst offenders: Try to find a potato or corn chip without it and you’ll see what I mean. Even natural food stores carry a lot of products that contain partially hydrogenated oils. Make sure to read the labels of the packaged foods you buy. If it contains hydrogenated or partially hydrogenated oil, don’t buy it.

So these man-made fats are definitely the ones you should stay away from. But you can’t go without any fat at all. Essential fatty acids are definitely a must. The best way to make sure you are getting enough essential fatty acids is to eat whole foods containing them. The best food sources are fish and unroasted nuts and seeds.

Other naturally occurring fats (polyunsaturated, monounsaturated, and even saturated) are also safe as long as you eat them as part of a whole, unprocessed, unrefined diet.

Even though milk, ice cream, and cheese aren’t on that list of man-made fats to avoid at all costs, it’s still a good idea to eliminate as much dairy from your diet as possible. Dairy is one of the most common food allergens and just generally does more harm than good. It’s like I always say (and I’m sure you’ll read this from me again in future issues of *Nutrition & Healing*): Milk is for baby cows—not people!

On the other hand, you should eat eggs. They’ve gotten a bad reputation because of their cholesterol content. But they contain phospholipids, which offset any possible adverse effects of egg cholesterol. Plus, phospholipids have a unique function in keeping brain cell membranes healthy. Eggs and soy are the only dietary sources of phospholipids. Soy is still rather controversial, and while I don’t think it’s necessary to give it up entirely, I do think it’s a good idea to limit how much you eat to just a couple of servings a week at the most. So eggs are your only other food option for getting those nutrients that are crucial to brain cells.

Also try to include plenty of the following in your diet as good cholesterol-lowering foods: garlic, onions, oat bran, carrots, and alfalfa sprouts.

Supplement, supplement, supplement!

There are so many vitamins, minerals, and botanicals known to lower serum cholesterol that drugs are almost never necessary. There's inositol hexaniacinate, lecithin, pantethine, L-carnatine, beta-sitosterol, fish oil and fish-oil concentrates, phosphatidyl choline, choline itself (usually with inositol and methionone), vitamin C, calcium, vanadium, magnesium, chromium, and vitamin E, which have all been found to raise levels of HDL cholesterol, the "good" cholesterol. Then there are the botanicals, including guggulipid, garlic oil, "red yeast rice," ginger, pectin, curcumin, fenugreek powder, reishi mushrooms, silymarin, turmeric, garcinia, and artichokes.

But perhaps the most effective way to lower cholesterol naturally is with something called policosanol, a natural supplement derived from sugar cane. In numerous studies comparing it directly with patent cholesterol-lowering medicines, policosanol was more effective at lowering levels of LDL (bad) cholesterol. But that's not all.

Unlike the patent medicine products, policosanol also lowered triglyceride levels and elevated HDL (good) cholesterol levels. In two studies, it also significantly lowered blood pressure as well. The good news is that it does not require a prescription and is available at most natural food stores, compounding pharmacies, and even online. And it doesn't come with the negative side effects associated with statin drugs.

You don't need to take ALL of these different supplements, of course; the point is, there are so many to try that chances are good you won't ever need to take cholesterol-lowering drugs.

David MacElvoy's program:

David began taking vitamin E, the "mixed tocopherol" type, 400 IU daily; inositol hexaniacinate, 600 milligrams twice daily; vitamin C, 2 grams twice daily; and a high-potency multiple vitamin-mineral with at least 200 micrograms of chromium and 300 to 400 milligrams of magnesium. (You may need to get a separate multiple

mineral if you can't find a vitamin-mineral combination.) And last, lecithin. Remember those phospholipids for brain cells? Besides eggs, soy lecithin is the only other diet source, and as a "bonus," lecithin lowers serum cholesterol. Take two 19-grain capsules daily.

After six months, David's total cholesterol level was down to 237 and his HDL cholesterol level had risen to 41. At the end of one year, his numbers were 188 and 46—that means his total cholesterol dropped an impressive 134 points!

But even better than just improving his "numbers," David had substantially reduced his risk of following his father and grandfather to an early cardiac death.

This exact combination of supplements and this diet plan may not work for you. But there are many different combinations you can try. It's best to check with a doctor skilled in natural and nutritional medicine who can help you tailor a supplement program suited exactly for your needs. For a list of such doctors in your area, contact the American College for Advancement in Medicine at (800)532-3688 or www.acam.org.

Cholesterol: How low should you go?

Let's face it: Much more attention is given to high cholesterol than low cholesterol. But like any other biologic marker, there's always a range that's "too high," "too low," or "just right."

I'm not denying that having high serum cholesterol carries a risk for heart disease. I'm just saying that many people probably don't know that low serum cholesterol may also carry risks—namely cancer, stroke, and depression.

All naturally occurring steroid hormones such as DHEA, estrogens, progesterone, testosterone, and pregnenolone are made in our bodies from a single starting material: cholesterol. And cholesterol is a key component in every cell membrane in our bodies. That's why it's important not just to make sure cholesterol isn't too high or too low, but that it's just right.

High serum cholesterol is usually considered at or

above 200 mg/dl (milligrams per 100 cc's of blood). Low cholesterol is defined by many researchers as being at or below 160 mg/dl.

I pay particular attention to my patients' low cholesterol levels when they get to be around 140 mg/dl and advise them to take manganese. Manganese is a key co-factor in the transformation of cholesterol to steroid hormones. Although manganese doesn't raise serum cholesterol to the normal range 100 percent of the time, it is partially or completely effective in more than 50 percent of the cases. I usually recommend 50 milligrams of manganese citrate, once or twice daily. Once your level returns to normal, you can cut your dose to 10 to 15 milligrams a day.

There is one caution in regards to manganese supplementation: Very high levels of manganese intake have been found to cause Parkinson's disease in manganese miners and other industrial workers. However, case reports of manganese poisoning from oral intake are extremely rare (only one case report exists of toxicity from supplementation; others have been from well water with excess manganese).

But in my 30 years of practice, I've never observed problems from the doses necessary to raise low serum cholesterol.

The high-fat/low-fat debate: choosing which diet is best for you

There are two basic approaches to a cholesterol-lowering diet: The first is the politically correct, low-fat, high-complex-carbohydrate plan, which was the mainstay of nutritional "experts" for years. And there's also the high-protein, low-carbohydrate approach. It seems strange that such opposite plans can both work, but remember that no one diet is best for every person. Before choosing what's best for you, you will need to find out a bit more about your insulin response to sugar and carbohydrates (yes, sugar and carbohydrates, even though the subject is cholesterol regulation).

High-protein diets work well for many people struggling with cholesterol problems because these in-

dividuals' bodies generally manufacture much more insulin than others in response to sugar, refined carbohydrates, and excess carbs in general. This overproduction of insulin causes the liver to produce too much total cholesterol and triglycerides, and not enough HDL cholesterol.

Insulin is one of the hormones that regulates blood sugar. Some people (especially if they have type 2 diabetes or even have a genetic family tendency toward type 2 diabetes) have high insulin levels that go up much more rapidly in response to sugar and carbohydrate intake. In this case, the insulin is not used properly by the cell membranes, so the insulin can't take the sugar from the blood into the cells as it's supposed to. Then, their bodies keep making more and more insulin to try to force the sugar from the blood into the cells. The excess insulin causes other problems, including high blood pressure and cholesterol abnormalities.

Just recently, more and more evidence has been coming out in favor of the high-protein, low-carb approach to lowering cholesterol and triglyceride levels. In fact, according to a study published in the May 22, 2003 edition of the *New England Journal of Medicine*, people following a high-protein diet for six months had higher levels of HDL (good) cholesterol and bigger decreases in triglyceride levels than those people following a low-fat diet. There was no difference between the groups' LDL (bad) cholesterol levels, which shows that restricting protein and fat intake doesn't do as much to help cholesterol levels as the "experts" once thought.

It's possible that many people with weight problems have them due to this excess insulin response to sugar and carbohydrates. If your cholesterol levels are high, ask your doctor to administer a glucose-insulin tolerance test, which can tell you how much insulin your body makes in response to a standard amount of sugar. Then you can make an informed choice about your diet.

The hidden high cholesterol culprit you might not be looking for

Saturated fat gets a lot of blame when it comes to high cholesterol. Carbohydrates come in a close sec-

ond. While they're both important factors, they aren't the only ones to consider. Diets high in saturated fat are responsible for approximately one in five cases of high serum cholesterol, and high carbohydrate intake is responsible for approximately one in three. That still leaves a little less than half of all high serum cholesterol cases unaccounted for.

The fact is, if you have high cholesterol, you may need to look further than your diet to find the real culprit.

Researchers from the Japanese National Institute of Agrobiological Sciences think they may have found a missing piece of the cholesterol puzzle. They discovered that small quantities of lead caused elevated serum cholesterol in experimental animals. In their experiments they found that lead induces the genes responsible for creating the liver enzymes that produce cholesterol.

To compound the problem, lead also suppresses a gene responsible for the production of a liver enzyme that breaks down and destroys cholesterol. With cholesterol production "turned on" and cholesterol breakdown "turned off" by lead, the animals' serum cholesterol increased significantly.

Although the lead/cholesterol connection hasn't been proven by research on humans yet, it still helps to explain some observations that holistic doctors have made over the years. Holistic doctors who do chelation therapy (a process that removes lead and other toxic metals from the body) have noted that cholesterol levels often drop after chelation.

If you've tried following a strict diet and your serum cholesterol is still high, have a physician skilled and knowledgeable in nutritional and natural medicine check your lead levels. The most accurate way to test for lead is to get an intravenous drip of a chelating agent (EDTA is typically used for lead chelation) followed by a six- to eight-hour urine collection, which is then tested for lead and other toxic metals.

If a chelation test shows you have too much lead (or other toxic heavy metal) in your system, work with your physician to get the lead out. Not only will it help your serum cholesterol levels, but it will also help lots of other natural biochemical processes in your body operate better.

Secret #2

How to drop your blood pressure by 20, 30, or even 40 points—naturally

The mainstream medical industry certainly seems determined to get us all on patent hypertension (blood pressure) medications. With the new guidelines issued by the National Heart, Lung and Blood Institute, people whose blood pressure levels were once considered well below normal (a 120 over 80 reading) suddenly became "pre-hypertensive"—essentially overnight. And, of course, one of the first recommendations out of all the so-called "experts'" mouths was more widespread use of patent hypertension medications.

But you can beat high blood pressure—most of the time without drugs. And even if you can't completely

avoid patent medicines, taking the right natural measures may be able to help you use substantially less.

What works for someone else may not work for you

In many cases, the old saying "you are what you eat" holds true. It might do some good in some cases to cut out a few of the cream sauces and slices of pizza. In some cases, a diet containing more fruits, vegetables, and whole, natural starches rather than a lot of protein could be your best bet. However, the key words here are "in some cases" and "could."

Decades ago, public health researchers observed that women and men who had been strictly vegetarian all their lives had lower blood pressure readings in their 60s and 70s than did men and women who ate considerable animal protein. A vegetarian diet provides a better potassium-to-sodium ratio. Having more potassium and less sodium helps regulate blood pressure. But a vegetarian diet isn't the best choice for everyone and, in fact, could cause more harm than good for some.

People with high blood pressure who have personal or family histories of type 2 (adult onset) diabetes usually have insulin esistance/hyperinsulinemia. The term insulin resistance refers to the impaired use of insulin by cell membranes. Hyperinsulinemia occurs when the pancreas overproduces insulin in an attempt to overcome insulin resistance. (Insulin resistance/hyperinsulinemia is easily diagnosed via a glucose-insulin tolerance test.)

Hyperinsulinemia is a known cause of high blood pressure. To bring insulin overproduction under control, the most necessary dietary changes are total elimination of sugar and refined carbohydrates and a sharp reduction in overall carbohydrate intake. It's especially important to eliminate such starches as potatoes, beans, pasta, and grains. Obviously, this diet pattern is not vegetarian, but, as it helps bring hyperinsulinism under control, blood pressure is also better regulated.

You can also take natural supplements to help regulate your insulin. There are so many nutrients shown to be helpful in type 2 diabetes that taking them all individually would be a real chore. You'll find several "multiple" formulas designed specifically to aid in blood sugar control in natural food stores. The one I helped formulate is called Glucobalance. (If you can't find it in your local natural food store, it's available from the Tahoma Clinic Dispensary.) One of Glucobalance's most important blood sugar controlling ingredients is chromium. Chromium helps to restore the cell membrane response to insulin.

There are also two more ingredients you should take in addition to Glucobalance or any other blood

sugar controlling multiple supplement. The first is niacin. With chromium, niacin forms part of a molecule called the glucose-tolerance factor, which helps insulin do its job. Both chromium and niacin will get your cells to pay attention to the insulin again, so your insulin and blood sugar levels should go down. It's important to do initial and follow-up testing with your doctor to monitor your progress. Finally, you should also consider taking flaxseed or flaxseed oil capsules. Flaxseed also helps your cells use insulin.

However, there has been a shadow cast over it recently because it contains the essential fatty acid alpha-linolenic acid (ALA), which several studies have linked to a higher risk of prostate cancer and cataracts. While not all the research agreed, there's definitely enough to be cause for concern.

However, these studies definitely aren't the "last word" on ALA. It's important to remember that ALA is an essential-to-life fatty acid, and it's highly unlikely that Nature would require us to have it in order to survive if there was no way around these potential negative effects. It's very possible that another nutrient or several nutrients are involved in the ALA-prostate cancer and ALA-cataract connection, and that using more (or less) of these would "erase" any possible harm from higher levels of ALA. Unfortunately, researchers rarely consider nutrients in more complex interactions. So it'll likely be a long time until this aspect of the "ALA question" is considered.

In the meantime, this does not mean that you need to eliminate flaxseed and flaxseed oil from your diet! In addition to ALA there are many other healthful nutrients present, especially in whole flaxseed. However, it's probably wisest to consult your nutritionally knowledgeable physician about what quantity of flaxseed or flaxseed oil might be best for you. And since too much ALA can suppress "5-alpha-reductase", if you're a man, you might want to have your "5-alpha reductase" enzyme activity measured. This is easily done from a 24-hour urinary steroid test. Some physicians may also recommend a red blood cell membrane

essential fatty acid test to make sure your ALA levels aren't out of balance with other fatty acids.

Food allergy may be the culprit

For some people with hypertension, food allergies can play a big part in the problem. Eliminating the allergens or desensitizing to them can help lower blood pressure levels, though no one has been able to successfully explain the connection. If you have a personal or family history of allergies, it's worth investigating. Contact a member of the American Academy of Environmental Medicine (316-684-5500; www.aaem.com) for a list of doctors near you who can help with thorough allergy screening.

The most notable individual case of allergy aggravated hypertension I've worked with involved a gentleman who was undergoing maximum antihypertensive drug therapy but still had blood pressure readings ranging from a minimum 180/120 to a maximum 220/150. Once he discovered and eliminated all food allergies, his blood pressure dropped to a level ranging from 160/100 minimum to 180/120 maximum.

Biofeedback and exercise—old news, but underrated and underused

Biofeedback is another valuable and frequently effective "non drug" tool for lowering blood pressure. It's not so much a "treatment" as it is a training program. Using external instruments, a reading is obtained of your body's reactions to stress. Through practice, you learn to recognize the physiological responses you have that might be causing unhealthy reactions and teach yourself how to control those responses. Biofeedback centers are found in all major and most midsize cities. Check your local Yellow Pages for listings.

Exercise also can significantly lower high blood pressure. Even light exercise can make a big difference. The amount that's healthy varies from person to person. Of course, it's best to check with a doctor or other knowledgeable individual before starting a strenuous exercise program.

If you're concerned about blood pressure and wonder what your level might be, there are many places to have it measured for free, including drugstores, fire stations (when the firemen aren't fighting fires), health fairs, and "senior centers." Home blood pressure monitoring equipment is quite accurate, and most places that sell it will teach you how to use it as well.

Nutrients: which to cut back on and which to increase

Sodium. You've probably heard that cutting WAY back on salt intake is an important step in lowering high blood pressure. However, researchers are finding more and more evidence that sodium restriction might not be best for everyone after all. If you have high blood pressure you might want to determine through trial and error whether or not salt restriction makes a difference for you.

Potassium. Sometimes it reduces blood pressure, sometimes it doesn't. Since a higher potassium level does reduce the risk of stroke, it's always wisest to take extra potassium if you have high blood pressure, even if it doesn't lower your actual blood pressure numbers.

Calcium and magnesium. For some individuals, about 1 gram (1,000 milligrams) of calcium daily can greatly reduce blood pressure by five to 10 points. For others, calcium makes very little difference. It appears to work more often for those with insulin resistance/hyperinsulinemia. If you do supplement with calcium, it's important to balance it with magnesium. Magnesium by itself can lower your blood pressure level, since it helps relax muscles, including those of the smaller blood vessels, thus helping to dilate them and improve blood flow. Supplementing with 300 to 400 milligrams daily is usually sufficient.

Vitamin C. A recent research letter sent to the medical journal *Lancet* reconfirmed that vitamin C lowers elevated blood pressure. Although this study used less, you should take a minimum of 1 gram twice daily.

Vitamin D. During the last few years, I've observed significant reductions in blood pressure in people I've

worked with when they take vitamin D supplements. Vitamin D achieves its blood pressure lowering effect by addressing one of the major causes of high blood pressure—a substance called angiotensin II.

Without adequate vitamin D, one of your genes (a tiny part of your DNA) initiates the formation of excess quantities of a molecule called renin. Renin breaks down another molecule, called angiotensinogen, into angiotensin I. Angiotensin I is converted into angiotensin II by a substance known as angiotensin converting enzyme (ACE). That's why most popular patented "space alien" antihypertensives are ACE inhibitors and angiotensin II receptor blockers (ARBs).

But vitamin D helps prevent high blood pressure by targeting the very first step in the process: It persuades the gene that controls the production of renin to become less active. When less renin is produced, less angiotensin is produced.

While vitamin D is very effective at lowering blood pressure, don't expect overnight miracles: It frequently takes two to three months for significant changes to start taking place and six to eight months for the vitamin D to take full effect.

How much do you need? Well, recent research has reevaluated the safe upper limit for this vitamin, and many experts now agree that it's 10,000 IU daily (though some say it's as low as 4,000 IU daily). But my target for optimal vitamin D intake is whatever it takes to achieve a serum level of approximately 60 ng/ml. Since achieving this level will mean a different dose for everyone, it's always best to work with your doctor to monitor your blood level of vitamin D.

The building blocks of healthy blood pressure

Amino acids are the "building blocks" from which all proteins are made. In certain cases, supplementing with them has led to lower blood pressure.

At least one study devoted to each demonstrated that L-tryptophan and taurine can lower blood pressure in essential hypertension (high blood pressure with no known cause). The amount of L-tryptophan

used was 3 grams daily. L-tryptophan has been available by prescription for two to three years now, but it also very recently became available over the counter once again (as it used to be until about 1989). At present, over-the-counter L-tryptophan can be found in a few natural food stores, compounding pharmacies, and the Tahoma Clinic Dispensary.

Quantities of taurine used in the study were relatively large (but safe)—6 grams daily. However, when taurine is used in combination with other nutrients and botanicals, you need only 1 to 2 grams daily.

L-arginine has gained considerable "notoriety" lately as the precursor to nitric oxide (NO), the blood vessel-dilating metabolite essential to male sexual function. However, that same blood vessel-dilating ability has been found to improve heart function in cases of congestive heart failure, and I've observed cases in which this same blood vessel-dilating effect has lowered blood pressure.

The benefits of metabolites: coenzyme Q10 and DHA

Metabolites are molecules made in our bodies from other (precursor) materials. Sometimes, directly supplying the body with extra quantities of certain metabolites can be much more effective than supplying the precursor materials. This is definitely the case with coenzyme Q10, as our bodies make less and less of this metabolite as we grow older.

Coenzyme Q10 aids in metabolism in every cell in the body. It's found in greatest concentration in the mitochondria, the "energy engines" of the cells. It's such an important metabolite that, even though it can be fairly expensive, I recommend a small amount (30 milligrams) for everyone over 60 and more (50 to 150 milligrams daily) for everyone with high blood pressure.

Another important metabolite that helps lower blood pressure levels is docosahexaenoic acid, or DHA (not to be confused with DHEA). This is an omega-3 fatty acid, a metabolite of the essential fatty acid called alpha-linolenic acid. A recent study reported that 4

grams daily of DHA lowered blood pressure in hypertensive patients by a small but significant degree.

The garlic and herb recipe for blood pressure success

Although you'll encounter a few foods that your doctor will tell you to stay away from if you have high blood pressure, there are certain foods and herbs that can help. Garlic may not make for the freshest breath, but it does usually help to lower blood pressure readings.

A lesser-known (but still important) blood pressure-lowering botanical is olive leaf. Only powdered olive leaf in capsule form is presently available in the United States, and you should take 500 milligrams four times daily. Like many of the items noted above, olive leaf can take three to four months to show an effect.

Sarpaganda (better known in Western medicine as *rouwolfia*) has been used in India for centuries to treat ailments like fevers and snakebites. Early 20th century pharmaceutical chemists searching for a "magic bullet," single-ingredient, patentable, FDA-"approvable" drug treatment managed to isolate one of the active ingredients in sarpaganda—reserpine.

Herbalists have been telling us for most of the 20th century that it's really better to use the whole herb containing the active ingredient(s), for at least two reasons. First, a smaller quantity of an active ingredient is usually effective because of synergistic effects of other parts of the herb—and the whole herb usually holds less potential danger than the isolated active ingredients. Second, herbalists have told us that combining the whole herb with other selected herbs can further lessen the quantity of each active ingredient necessary to achieve significant results and further lessen potential danger.

But western physicians still went ahead using reserpine instead of whole natural sarpaganda to combat high blood pressure. Unfortunately, many of them prescribed excess dosages of reserpine. These excess dosages caused various ailments, including depression and occasional suicide, so reserpine fell out of common use.

Unfortunately, since there's not as much money to be made with the whole, natural herb itself, the medical world basically forgot about sarpaganda after the problems with reserpine: Only a few practitioners outside of Ayurvedic medicine are even aware of its existence. Most of the sarpaganda products available these days combine this herb with others also useful for the heart. Although side effects are rare and sarpaganda is definitely a very effective "big gun" in hypertension treatment, products containing sarpaganda are usually only available through health care practitioners.

I usually recommend sarpaganda as a part of the Ayurvedic combination, Cardiotone, which contains 50 milligrams of sarpaganda per capsule; take one capsule three to four times daily. Cardiotone is available from the Tahoma Clinic Dispensary (425)264-0059; www.tahoma-clinic.com.

An underactive thyroid: an often overlooked culprit

Incidence of hypothyroidism (an underactive thyroid) is higher in individuals with high blood pressure than in those with normal blood pressure. Even the most up-to-date thyroid blood tests can miss instances of "subclinical" hypothyroidism. Some signs of an underactive thyroid are low body temperature, dry skin, and a slow ankle reflex. It's best to talk to your doctor if you think there's a problem.

Make sure you know how much metal you're really carrying around

Heavy metal toxicity is another often-overlooked cause of high blood pressure. But even if your doctor does test you for heavy metal toxicity, chances are the results won't be accurate. That's because blood tests for heavy metals are virtually useless.

Since these toxic substances are damaging to so many different cell structures, your body clears them from your bloodstream as rapidly as possible. If there's too much toxic metal to be immediately excreted through your liver and kidneys (and there usually is), it

gets tucked away in your bones or other less metabolically active tissue where it causes less immediate damage. So a blood test won't necessarily pick up any toxicity—even if there's a ton of it stored in your body (well, not literally a ton, but you get the idea).

Unfortunately, wherever the unexcreted toxic metal is stored, it still does some damage, and if and when it's finally released from storage, it can do further damage.

Hair testing for toxic minerals isn't much better than blood tests. If one or more metals are found to be high based on a hair test, there's definitely a toxic mineral problem. But if the hair test comes back negative, it doesn't necessarily mean that you're free from heavy metal toxicity.

The best test for the presence of heavy metals is a chelation test. In my experience, more than 50 percent of individuals with blood pressure higher than 140/90 have significant excretion of toxic metals found by a chelation test.

And if you do have heavy metal toxicity, chelation therapy will usually help lower your blood pressure. Chelation therapy is an intravenous process that binds to the heavy metals and removes them from the body.

Oral chelation can also be effective, but it takes considerably longer and doesn't necessarily remove as much toxic metal.

For more information or advice about both chelation testing and treatment for toxic metals, consult a physician from any of the groups listed below

- The American College of Advancement in Medicine: (800)532-3688, www.acam.org
- The International College of Integrative Medicine: (866) 464-5226, www.icimed.com
- The American Academy of Environmental Medicine: (316)684-5500, www.aaem.com
- The American Association of Naturopathic Physicians (866)538-2267, www.naturopathic.org

If you have high blood pressure, nearly all the diet and supplementation ideas discussed (with the exception of sarpaganda) are safe to try with or without a doctor. If you don't have high blood pressure but it runs in your family, it can't hurt and may help in prevention to follow a few of the basic suggestions outlined in this section.

Secret #3

Beyond cholesterol and blood pressure—two more heart risk factors you need to know about

The next cardiovascular risk factor on the list has been “generally accepted” as such for over a decade but is just now starting to make some noise in the health world. It's called C-reactive protein and some sources are saying it's even more important than homocysteine and other risk factors. For instance, one recently published study of 27,939 women found women with elevated C-reactive protein levels were more likely to have a heart attack, stroke, and death from cardiovascular disease than those with elevated levels of LDL (“bad”) cholesterol.

Regardless of whether it's a more important risk factor than homocysteine or cholesterol, the point is that C-reactive protein is a risk factor and you should have your levels tested.

If your levels are elevated, the best way to tackle the problem is by reducing the inflammation the C-reactive protein is, well, reacting to. And in my experience, the best way to reduce inflammation is to concentrate on your omega-3/omega-6 fatty acid ratio. Omega-3 fatty acids are considered anti-inflamma-

tory; omega-6s are pro-inflammatory. So, to put it simply, you want more omega-3s than omega-6s.

Minimize (or even better, eliminate—at least temporarily) sources of omega-6 fatty acids, especially hydrogenated vegetable oils, which are present in many processed and packaged foods, like crackers, cookies, potato and corn chips. Read the labels of the foods you pick up off the supermarket shelves. If it lists hydrogenated or partially hydrogenated vegetable oil as an ingredient, don't buy it.

Next, if you aren't already using it, switch to olive oil for cooking and flavoring your food. Nearly all other vegetable oils contain 100 percent omega-6 fatty acids.

Also, even though nuts and seeds are generally very good foods, the essential fatty acids in almonds, peanuts, and nearly every other nut or seed are mostly omega-6. So if your C-reactive protein levels are high, stick to walnuts and flaxseed (and its oil), which contain more omega-3 than omega-6 fatty acids.

But the absolute best sources of omega-3 fatty acids are fish and fish oils. I recommend taking at least one tablespoonful of cod liver oil and 1,500 milligrams of DHA each daily. (Remember to take at least 400 IU vitamin E as mixed tocopherols whenever you take any extra essential fatty acids.)

Blood clots: Not just a stroke risk

Fibrinogen is a protein involved in blood clotting. If it sounds familiar, you may have heard of it in terms of its more well-known role as a stroke risk factor. But elevated fibrinogen levels are also a well-established, though very little known, independent risk factor for cardiovascular disease. (Where's that "National Fibrinogen Education Program" when you need it?) Like many other less than desirable changes, fibrinogen levels tend to increase with age—though researchers aren't sure why.

However, one group of researchers has found that the spice turmeric (best known as an ingredient in the traditional Indian flavoring curry) and one of its components, curcumin, can lower elevated fibrinogen levels to normal. If testing shows your fibrinogen levels are elevated, take either 500 milligrams of turmeric twice daily or 200-500 milligrams of curcumin daily.

Researchers have also found that eating fish two to three times a week or taking fish oil lowers fibrinogen levels by as much as 20 percent. Take 1 1/2 tablespoons of cod liver oil daily, along with 400 IU of vitamin E. Or if you simply can't stand the oil, take a DHA/EPA supplement providing 2 to 3 grams of DHA daily.

Secret #4

How women can be saved from congestive heart failure

By the time she came in to see me at the Tahoma Clinic, Helen's heart was so weak that she had to sleep propped up because of the fluid that was in her lungs. She had been taking three prescriptions to help her but still didn't feel right. She was taking the usual group of medications for heart failure: digoxin, furosemide, and potassium.

I recommended a series of magnesium injections, taken intravenously, along with vitamin B₆. It sounds expensive and troublesome, but it really is the best

method: For congestive heart failure, magnesium frequently works better when given by relatively rapid IV injection. In heart failure, the heart muscle cells are sometimes too weak to extract all the magnesium they should from the blood stream.

A fairly rapid IV injection forces magnesium in to the heart muscle cells, helping them to work better and be stronger. The shots are a bit of a bother, but magnesium—even intravenously—is cheap. And once magnesium is forced into the cells, they continue to

take up more magnesium on their own. So, you don't have to have this done on a regular basis.

The other recommendations I made for Helen were ones that she (and you) could take at home:

- Coenzyme Q₁₀, 60 milligrams three times daily.
- L-carnitine, 250 milligrams three times daily.
This takes care of congestive heart failure all by itself sometimes. It enables the heart muscle cells to use more sources of energy and to burn them all more efficiently.
- Taurine, another naturally occurring amino acid like L-carnitine. It's the most abundant amino acid found in the heart and is known to keep the electrical activity of the heart flowing smoothly. Take 1,500 milligrams twice daily between meals. The other supplements can be taken at any time.
- Hawthorn (the solid extract); take 250 milligrams of the standardized 10 percent proanthocyanidin

extract three times daily. Hawthorn improves energy production in heart muscle cells and improves heart muscle contraction. It dilates coronary arteries, providing more blood flow. It also acts as a mild diuretic, can lower cholesterol, and can slow and possibly even reverse atherosclerosis a bit.

After three months, Helen reported "feeling much stronger, not taking water pills at all, and sleeping flat with only one pillow like when I was younger." At this point, I told her she could stop the magnesium injections and take magnesium capsules instead, along with the other minerals she'd been taking. When she came back for her second follow-up visit, she reported that she had all her strength back and was working hard around the house and yard.

Of course, Helen's exact treatment plan may not work for you. It's best to check with your doctor to determine a supplement program tailored specifically to your needs.

Secret #5

The natural artery-cleaning program that starts in your stomach

Hernando wasn't an old man, but his diseased arteries made it so difficult for him to get around that he could barely hobble into my office. As he put it, "I'm just waiting around for things to get bad enough so I can have my legs amputated."

Is your body starving itself of essential nutrients?

It turned out that one of Hernando's problems was a condition called hypochlorhydria, in which his stomach wasn't digesting his food and nutrients efficiently. This is by far the most common digestive problem we see at the Tahoma Clinic. It happens when the stomach doesn't produce enough acid for digestion to proceed normally. In fact, according to one medical text book, *The Pharmacological Basis of Therapeutics*, 10

to 15 percent of the general population have this problem. And if inefficient digestion isn't corrected, then even the best of diets and supplementation won't help.

Having seen first hand how many problems this condition can cause, I always recommend having stomach function tested.

One way to test this is by radiotelemetry using the Heidelberg capsule. To take this test, you'll swallow a small, plastic capsule that contains electronic monitoring equipment. As it moves through the stomach and intestines, the capsule can measure the pH of the stomach, small intestine, and large intestine and transmit a signal, which you'll receive through antennae that you wear outside your body. This information can help your doctor determine whether or not your stomach is

producing adequate amounts of gastric acid. (This test can be obtained by contacting a doctor-member of the American College for Advancement in Medicine, or ACAM, at (800)532-3688, www.acam.org or the American Academy of Environmental Medicine AAEM at (316)684-5500, www.aaem.com.) Other laboratory clues can also help to diagnose this condition. One is a mineral analysis of a hair specimen. If six or more minerals are low, excluding sodium and potassium, have your stomach acid checked.

Although the mainstream medicine deals with the problem of low stomach acid by ignoring it or treating it with a bland diet, there is a much better solution. But it must be monitored by a doctor. If your test results indicate low levels of stomach acid, it's a good idea to supplement with either betaine hydrochloride-pepsin (or glutamic-acid hydrochloride-pepsin) before meals. To start, I usually recommend taking one capsule (5, 7 1/2, or 10 grains) before each meal. After two or three days, if there are no problems, use two capsules in the early part of the meal, then increase your dose to three capsules per meal several days later. The dose is gradually increased in this step-like fashion until it equals 40 to 70 grains per meal.

This method should only be used when testing indicates a need for it. Although problems rarely occur, they can be bad ones. Hydrochloric acid should never be used with aspirin, Butazolidin, Inodacin, Motrin, or any other anti-inflammatory medications. Also, hydrochloric acid is usually taken in combination with pepsin. Stomachs that don't produce adequate hydrochloric acid are presumed not to produce enough pepsin either.

If during treatment you feel bad in any way—for example, if you experience pain, burning, or additional gas—STOP. In certain cases, I've treated patients with small, gradually increased quantities of lemon juice or vinegar and found the effects to be similar to (but slightly less than) treatment with hydrochloric acid.

There's a long list of diseases frequently associated with low stomach acidity: diabetes mellitus, both un-

deractive and overactive thyroid problems, childhood asthma, eczema, gallbladder disease, osteoporosis, rheumatoid arthritis, chronic hives, lupus, weak adrenal glands, chronic hepatitis, vitiligo, and rosacea, for example. Unfortunately, simply getting older is also associated with an increasing frequency of low stomach acidity. In fact, some investigations have found it in more than 50 percent of those over 60.

Hernando's natural artery-cleaning program

Hernando began the following natural "artery-cleaning" program that put him on the road to recovery:

- Vitamin C, 1 gram three times daily.
- Vitamin E, 800 units of the mixed tocopherol type daily.
- Inositol hexanicotinate, 1 gram three times daily. (Vitamin E and inositol hexanicotinate can improve walking distance for individuals with blood-flow impairment in the legs.)
- L-carnitine, 250 milligrams three times daily. This has also been shown to increase walking distance.
- Cod liver oil, 1 tablespoon daily or the equivalent in capsules. Fish oil makes platelets more slippery, reducing the risk of clotting, and as an omega-3 fatty acid source reduces inflammation.
- A high-potency multiple vitamin-mineral. It's always wisest to add a multiple to back up individual nutrients in high amounts.
- Chelation (IV treatment) with EDTA (a synthetic amino acid shown to improve circulation remarkably in some individuals with atherosclerosis) and magnesium. Taken intravenously, these absorb more efficiently.

Hernando's results

Hernando decided to take chelation therapy. He changed his diet, found he needed digestive aids, took all his supplements, and even took a small quantity of testosterone. Soon he was back walking at least two miles, three times every week, without sitting down once.

Secret #6

Two signs on your body that may point to heart trouble

There are some physical signs to look for on your body that can be used as a basis for further investigation or treatment. Of course, this method isn't 100 percent accurate—and you must keep in mind that self-diagnosis can be tricky and deceptive. Any serious symptoms deserve medical attention. With that said, these physical signs can be a great starting point on your way to good health.

A message to your heart written on your earlobes

If you have diagonal creases across your earlobes, it may be a sign of increased susceptibility to cardiovascular disease. If you're eating right, getting regular exercise, and taking vitamin E, it's probably not any-

thing to worry about. But just to be on the safe side, you may want to have your cholesterol, triglyceride, homocysteine, and C-reactive protein levels checked.

Beware of a pink nose and rosy cheeks

If you have dilated capillaries in your cheeks and nose (a red nose or rosy cheeks), it could be a sign of low stomach acidity. (See secret #5 on page 12.) This means that you may not be properly digesting and absorbing important nutrients, supplements, or medications.

Also, low production of hydrochloric acid and pepsin in the stomach is associated with hardened arteries, high cholesterol, high triglycerides, high blood pressure, and even obesity—all of which can spell trouble for your heart.

Secret #7

Putting an end to agonizing chest pain

John had been having angina chest pains for three years when he came to the Tahoma Clinic for the first time. He had been to a cardiologist who gave him a "treadmill electrocardiogram" test and an angiogram. He was told that several of his arteries had some blockage but that it wasn't too severe. He was taking two prescriptions, nitroglycerin (he was currently taking six to eight pills every week) and calcium channel blockers. And his doctor had recommended that he take vitamin E, although he couldn't assure him of its efficacy.

John's wife had already changed their diet at home to whole grains, no chemicals, less meat, more fish, and more vegetables. John underwent a physical exam and was checked for key minerals, blood levels of homocysteine, and "C-reactive protein." He also underwent routine testing for cholesterol and HDL cholesterol levels, triglycerides,

kidney functioning, and allergies. In addition to diet changes and supplements, chelation therapy is usually very helpful for relieving angina and improving circulation. To make sure chelation therapy is safe, kidney functioning must be monitored.

I recommended that John take the following supplements:

- Vitamin E, 800 IU daily to start.
- L-carnitine, 500 milligrams.
- Coenzyme Q₁₀, 100 milligrams.
- Magnesium (aspartate), 125 milligrams.

All of these should be taken three times daily. In addition, I advised John to take a high-potency vitamin-mineral supplement with at least 50 milligrams of vitamin B₆, 800 milligrams of folate, and 500 micrograms of vitamin B₁₂.

In addition to taking the recommended magnesium supplement by mouth, John must also come to the Tahoma Clinic for a short series of intravenous magnesium injections. And, along with the suggested chelation therapy, he also used mineral replacement IVs to replace any beneficial minerals that may have been lost during the therapy.

Testosterone can be extremely valuable in strengthening the heart muscle, so I also recommended that John have his serum levels tested.

Like many individuals, John had inefficient stomach function, with low production of hydrochloric acid and pepsin. I advised him to take supplemental hydrochloric acid and pepsin with his meals. Without these, his body wouldn't have been able to make optimal use of his food and dietary supplements.

Two weeks to dramatic angina pain reduction

John's cholesterol and triglyceride tests were both slightly abnormal; his testosterone was OK. Since his kidney function tests were normal, he went ahead with chelation therapy. He made sure to stick to his healthy diet, took the vitamin E, L-carnitine, coenzyme Q₁₀, magnesium (both orally and injected), as well as a "back-up" high-potency vitamin-mineral.

John's angina started to diminish just two weeks after his program started. By six weeks, he was down to only two "nitros" per week, and after six months, he was off all medications and free of chest pain unless he exerted himself maximally. John undertook a gradually increasing exercise program after four months, and after one year could run two miles without angina. Five years later, he remains free of any chest pain.

Secret #8

A contaminant in your water may be clogging your arteries

There are a few, if any, communities around the world that have both chlorinated drinking water and a low incidence of atherosclerosis. Chlorine is a powerful oxidizing agent (that's why it is used for bleaching) that is capable of causing severe damage to blood vessels. American servicemen fighting in Korea and Vietnam who were killed in battle were found to have atherosclerosis in more than 75 percent of all cases. The water given to these men was so heavily chlorinated that it was virtually undrinkable. In animal studies, chlorine

has been found to promote the development of atherosclerosis. The good news is that it's fairly simple to remove the chlorine from your drinking water. Just boil the water for five to 10 minutes or add a pinch of vitamin C crystals to the water.

It can also be removed by charcoal filtration, as well as through "reverse osmosis." Check with the filter manufacturer of whatever brand you choose to be certain.

Secret #9

Testosterone testing: important for heart health in men and women

Congestive heart failure patients should always undergo a testosterone test. Why? Remember, our hearts are muscles—specialized muscles. And testosterone is the body's major muscle builder. There's a small amount of testosterone in women's bodies naturally, just as there's a small amount of estrogen in men's. People with congestive heart failure often have testosterone levels that are much lower than usual for their respective sex. Supplementing identical-to-natural testosterone, when done carefully, is often a major help in relieving heart failure. And the form that I work with is a balanced group of identical-to-natural hormones, not just testosterone (though testosterone is the most important of these hormones for strengthening the heart muscle).

In one placebo-controlled study, Drs. S.Z. Wu and X.Z. Wan reported on 62 men, 60 of whom had suffered a heart attack in the five years prior to the study and two of whom had experienced complete occlusion of at least one coronary artery. Prior to the study, the 62 men had significantly lower testosterone levels than did members of a "control group."

Angina pain plummets in 77 percent of patients

The men were given either the testosterone or a placebo for 10 weeks and then were switched to the

opposite treatment. The testosterone groups reported 77 percent reduction in angina symptoms as compared to 7 percent in the placebo groups. EKG measurements reflected the symptomatic improvement, showing 69 percent improvement with testosterone vs. 8 percent with the placebo. Improvement shown by portable monitors was even better, showing 75 percent improvement (testosterone) vs. 8 percent (placebo).

Unfortunately, heart patients of both sexes are almost never offered testosterone to prevent or treat heart disease. Testosterone patches are widely available these days, but they're marketed by patent medicine companies primarily for men with low libido or impotence as a result of testosterone deficiency—not to treat or prevent heart disease. While physicians are free to prescribe testosterone to any patient for any reason, most are locked into the conventional treatment of cardiovascular disease, and few are aware how beneficial testosterone might be for prevention or treatment.

If your doctor won't test your testosterone level or consider testosterone therapy for heart disease, find a nutritionally oriented doctor who will. Contact the American College for Advancement in Medicine (ACAM) at (800)532-3688 or www.acam.org for a list of such physicians near you.

Secret #10

Coenzyme Q₁₀—a treatment for cardiomyopathy

One of the greatest tragedies of modern medicine is that doctors continue to ignore coenzyme Q₁₀ (coQ₁₀), a nutrient that, if used appropriately, would relieve the suffering of millions of Americans (especially heart patients) and save billions of health care

dollars. Of course, the "medical establishment" has a reputation for being oblivious to the most nutritional treatments. However, with the volumes of scientific research on coQ₁₀, that ignorance is inexcusable.

One study, published in the *American Journal of Cardiology*, showed that patients with “terminal” cardiomyopathy had a dramatically increased survival rate when they took coQ₁₀. The typical mortality rate is usually 75 percent within two years, but in this case, 60 percent of the coQ₁₀ patients were still alive after 5 years. Shortness of breath and blood flow from the heart also improved when the patients took coQ₁₀.

All chemical processes in the body that require energy (including the workings of the heart) also require an

adequate supply of coenzyme Q₁₀—of course they require an adequate supply of other things too, but it seems that coQ₁₀ is one of the most important.

Coenzyme Q₁₀ is available at most natural food stores, pharmacies, and grocery stores. It can be on the expensive side, but it's one of those things that really is worth the additional cost. The usual dosage of coQ₁₀ for preventative purposes is 30 milligrams per day. Larger amounts are used to treat certain medical conditions. Please check with your doctor.

Secret #11

OPCs—what are they and how do they help your heart?

Scientists are still baffled by the French paradox: Although the French have a similar intake of saturated fat to the British, their incidence of heart disease is substantially lower. Various causes have been attributed to this phenomenon, but much attention has focused on the high French intake of red wine. Red wine is rich in OPCs. OPC stands for oligomeric procyanidins, compounds that have been found to be useful in the prevention and treatment of a wide variety of heart problems. OPCs are also a key chemical component in hawthorn, a popular herbal cardiac treatment.

Some people will obviously prefer to take their OPCs in the form of wine. The quality of the wine does make a difference to its potential health benefits. If the wine contains any sort of preservative, like sulfites, it's just as likely—if not more so—to do harm as

it is to do any good. Vineyards are required to state the presence of sulfite on the label of any wine containing it, so this is another instance where it's important to read labels.

The key word in terms of wine's health benefits is moderation. Of course, there's no final word about how much wine is “optimum” for your health. But it's pretty safe to say that the negatives associated from drinking too much would undoubtedly outweigh any positives. Stick with a glass or two a day, at the most.

If you prefer not to drink wine, there are various OPC herbal products, including hawthorn, available in natural food stores. The clinical support for hawthorn is strong, so regular intake might be an important contributor to the prevention of heart disease.

Secret #12

The No.1 heart-protecting mineral

Among its many other heart-health functions, magnesium reduces the risk of abnormal heart rhythm, helps blood vessels to relax and dilate, and raises levels of HDL (“good”) cholesterol. So it makes sense that low levels of magnesium can contribute to heart problems.

The most accurate way to measure your magnesium level is by having a white blood cell magnesium (WBC-Mg) test.

The remedy for low levels of magnesium is simple: eat more magnesium-containing food and take magnesium supplements. A general rule of thumb for finding magnesium-rich foods: Anything that’s green—naturally green, that is (lime Jell-O doesn’t count!)—contains magnesium. And one word of caution about supplements: Don’t take more than 400 milligrams of

supplemental magnesium without measuring your own “intestinal transit time.” Intestinal transit time describes the length of time food takes to transit from the entrance to the exit of the gastrointestinal tract. Higher doses of magnesium can sometimes “speed things up,” which means you may not be absorbing it or the other nutrients your body needs.

Although estimates vary, a reasonable range for “normal” transit time appears to vary from 12-24 hours. You can measure your own transit time by eating beets or corn or swallowing charcoal tablets and observing how long it takes them to emerge. If magnesium appears to speed up your own normal transit time, cut back on your dosage until you reach the amount that brings things back to normal.

Secret #13

Sweat your way to a healthier heart in 4 weeks or less

Saunas have been around in Europe, especially Northern Europe, for hundreds (probably thousands) of years. In America, some of the earliest inhabitants developed and passed down the tradition of “sweat lodges” for both health and spiritual benefits. Saunas are still great for their traditional uses: meditation and detoxification. But believe it or not, there are actually a surprising number of controlled studies on the physical health benefits of saunas.

And some of the recent research shows that they may improve heart function in patients with clogged arteries, high blood pressure, and even congestive heart failure.

Big benefits after just one week

Most of the recent research has been done on a specific type of sauna known as a far infrared sauna.

Far infrared saunas are sort of the “new kid on the (sauna) block,” having become very popular in Japan over the past century. Far infrared saunas are a bit different than the traditional steam versions. Far infrared waves warm things without actually heating up the air in between the heat source and the object. So in a far infrared sauna, the air is warm and dry, as opposed to the humid heat in traditional saunas.

The first study on the health effects of far infrared saunas took place in Japan and involved golden hamsters. (If you want a quick laugh, try picturing a hamster in a sauna.) One group of hamsters received actual sauna temperatures—usually between 105 and 140 degrees (Fahrenheit)—daily for four weeks. The control group was placed in a room-temperature sauna (it wasn’t turned on) for equal lengths of time.

Chemical analysis showed greater amounts of a sub-

stance called nitric oxide synthase in the endothelial (lining) cells of the aorta, as well as the coronary, carotid, and femoral arteries of the hamsters that got the real sauna treatments. The reason this finding is so important is that increased levels of nitric oxide synthase will produce more nitric oxide. Nitric oxide dilates coronary arteries, helping to improve heart function. That's good news on it's own, but it gets even better.

More detailed analysis showed a 40-fold increase in nitric oxide synthase in the endothelial cells of the aorta after just one week. After four weeks of treatment, the increase leveled off but steadied at 50 percent.

Saunas tackle congestive heart failure, atherosclerosis, and hypertension

With such encouraging results from the hamster study, the researchers decided to test this approach in individuals with congestive heart failure.

The researchers treated 20 congestive heart failure patients with far infrared sauna daily for two weeks. They were compared with 10 "control-group" individuals, matched for age, sex, and degree of heart failure (according to the widely accepted New York Heart Association, or "NYHA," classification system).

After just two weeks of far infrared treatment, 17 of 20 sauna-treated individuals had significant improvement in clinical symptoms. Their ultrasound evaluations and blood tests were also significantly better. None of the 10 control group individuals had any change.

Previously, the same researchers had studied 25 younger men (ages 31-45) with one or more "coronary risk factors," including diabetes, hypertension, high cholesterol, and smoking. They were compared with 10 healthy younger men (ages 27-43) who had none of these risk factors. Compared with the "normal" men, the men with risk factors had impaired blood vessel dilation. But after just two weeks of daily far infrared sauna treatments, the risk-factor group had very significant improvements in blood vessel dilation. The researchers wrote that these results "suggest a therapeutic role for [far infrared] sauna therapy in pa-

tients with risk factors for atherosclerosis."

Given the hamster-in-the-sauna results, it's very likely that the improved blood vessel dilation in the men with cardiovascular risk factors resulted from higher levels of nitric oxide synthase.

Although none of the studies have measured it specifically, far infrared sauna therapy will very likely lower blood pressure for many individuals too. This theory makes sense, since the mechanism of action is the same as in congestive heart failure: An increase in nitric oxide dilates blood vessels and lowers blood pressure. If the studies I mentioned above are any indicator, it shouldn't take long to find out, either, since the effects in both hamsters and humans occurred in just two to four weeks.

And even though there's no clinical proof yet, I also think it's very likely that combining the amino acid L-arginine (another precursor of nitric oxide) with far infrared sauna therapy would produce even better results than either therapy alone—whether you're using it for hypertension or congestive heart failure.

Get all the benefits of saunas without even leaving home

The most economical way to use sauna therapy is probably to buy one for your own home. I did a quick search of the Internet and found literally dozens of companies selling far infrared saunas. They range in price, so shop around. Keep in mind that I'm not connected with any of these vendors, and I don't have any information on them, but I have a bit more faith in any company that provides complete copies of articles (or at least citations to studies) concerning their products or technology.

So far, the one that has far and away the best citation list is High Tech Health, Inc., (800-794-5355, www.hightechhealth.com). If you want to start investing far infrared saunas (which are usually easy to assemble, and simply need to be plugged in to use), you might want to start there.

Report #3

**New Secrets for
Success with Arthritis**

By Jonathan V. Wright, M.D.

**New Secrets for
Success with Arthritis**

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Introduction

I've seen just how debilitating arthritis can be. And although there are plenty of patented prescription and over-the-counter medications available, judging from the fact that arthritis is still one of the primary complaints of patients who visit the Tahoma Clinic, it's obvious that those options are only masking symptoms temporarily. They're just not designed to correct the underlying problems that are causing your pain. Plus, some of these patent medications actually cause far more problems than they could ever hope to solve.

Popular arthritis drugs may cause heart attacks and sudden death

You've probably seen TV and magazine ads for Vioxx and Celebrex, two patent medicines heavily promoted to relieve arthritis pain. The ads are working: According to *The New York Times*, Celebrex sales totaled \$2.3 billion between March 31, 2000 and March 31, 2001, and Vioxx sales were \$1.7 billion during the same time period.

The advertisements for both patent medications typically state that they not only relieve arthritis pain, but they're also "safer" than previously patented substances—like aspirin, ibuprofen, and other non-steroidal anti-inflammatories (NSAIDs)—since they cause fewer gastrointestinal problems.

This part may be true, but let's take a look at what they're not telling you about the evidence stacked against these so-called wonder drugs.

According to an article published recently in the *Journal of the American Medical Association* (JAMA), studies conducted between 1998 and 2001 on Vioxx and Celebrex "raise a cautionary flag about the risk of cardiovascular events." "Cardiovascular events" is a "let's-not-rock-the-boat" term that actually includes cardiac arrest and sudden death.

The JAMA article stated that taking Vioxx results in a significantly higher risk of "myocardial infarction, unstable angina, cardiac thrombus [clot], resuscitated cardiac arrest, sudden or unexplained death, ischemic stroke, and transient ischemic attack."

It also pointed out that in another recent analysis, the heart attack rates of 23,407 individuals taking Vioxx or Celebrex were "significantly higher than that in the placebo group." In plain English, that means both patent medications pose a significantly higher risk for a heart attack than does the placebo.

In September of 2004, Vioxx was finally taken off the market.

But, as good as the JAMA report was for pointing out the flaws in these so-called patent medicine "miracles," it fell a bit short in giving any advice on safe, natural alternatives for relieving the arthritis pain causing so many people to turn to Vioxx and Celebrex in the first place. So let's take a comprehensive look at the various natural solutions that might allow you to throw out those patent medicines once and for all.

Chapter 1

Catch the culprit behind your arthritis pain

The first thing to determine is which type of arthritis you have. There are two major forms of arthritis: degenerative arthritis (also known as osteoarthritis) and rheumatoid arthritis.

Osteoarthritis is the most common form of the disease and occurs when the cartilage between the joints begins to break down and wear away, causing pain and stiffness. This cartilage damage is one of the hallmarks of osteoarthritis, but oddly enough, heavy use of the joints isn't necessarily what causes this problem. In fact, many former long-distance runners have perfectly normal hips and knees, while their more sedentary friends become plagued with degenerating joints. No one knows for sure exactly why the cartilage wears away, but those of us who practice natural medicine do know that there are plenty of ways to alleviate the pain it causes. More on that in a minute.

Add some oil to those rusty joints

After you've read a few issues of *Nutrition & Healing*, I'm sure you'll notice that fish oil is one of my favorite recommendations. There's a good reason: Omega-3 fatty acids may have replaced folic acid as America's No. 1 dietary deficiency/insufficiency. And fish oil is the best source for your body to get the omega-3s it needs.

Make sure the brand you use is "certified heavy metal free," but aside from that, fish oil—always taken with vitamin E—has practically no hazards. (That infamous "cod liver oil burp" can almost always be eliminated by "burying" the oil in the middle of a meal, by blending the oil with rice, almond, or soy milk, and a banana, or by taking it with a "high-lipase" digestive enzyme.)

For osteoarthritis, take 1 tablespoon of cod liver oil (with 400 I.U. vitamin E) once daily—twice daily if you have a particularly bad case. You can take it right along with glucosamine and niacinamide, as they all work in different ways for different aspects of the problem.

Rheumatoid arthritis involves inflammation, pain, and stiffness of the lining of joints in your body and also causes redness and swelling in most cases. If you aren't sure which form of arthritis you have, your doctor can help determine that. Although both types have very different causes, some of the natural treatments for each type overlap.

And no matter which type of arthritis pain you're battling, you'll need a good starting point for all of the nutrients that can help. So the first thing I recommend is a basic, healthy diet. This includes whole, unprocessed foods, with no added sugar, no so-called "soft drinks," no chemical additives, and no flavorings, coloring, or preservatives. I suggest only whole grains (if you're not allergic or sensitive to them), no artificial sweeteners, and only small amounts of alcohol. And I know it's easier said than done, but it really is best to eliminate caffeine altogether.

Now, let's start with osteoarthritis.

The arthritis triggers that could be growing in your garden

The first thing I recommend for osteoarthritis is changing certain aspects of your diet. In the 1950s, Norman Childers, Ph.D., found that eliminating certain vegetables (known as nightshade vegetables) from the diet could completely eliminate arthritis symptoms in many cases. Nightshade vegetables include tomatoes, potatoes, peppers (including paprika, but not black pepper), eggplants, and tobacco. According to Dr. Childers, nightshade sensitivity isn't an allergy but actually a progressive loss of the ability to metabolize substances known as "solanine alkaloids," which are found in all nightshade vegetables. Unfortunately, there's no test that can tell you if your arthritis will respond to a nightshade-free diet. It's strictly a "try it and see" situation.

It's harder than it might seem to completely eliminate nightshades. Tomato and potato make their way

into a wide variety of food products, and pepper gets around a lot too. Check your local library or contact the Arthritis Nightshades Research Foundation (888-501-8822; www.noarthritis.com) for a copy of Dr. Childers' book, variously titled (depending on the edition) *Childers' Diet; Arthritis—Childers' Diet to Stop It*; and similar titles. The information he includes can be a big help in searching out all sources of nightshades. But even eliminating the most common nightshades (the ones listed above) is definitely worth trying. Eliminate them for at least three to four months and see if it makes a difference in your symptoms. If you're not sure after three or four months, you can do a "nightshade challenge" by eating lots of tomato, potato, and peppers. If the pain comes back after the challenge, you'll know that you are nightshade-sensitive and you should eliminate those foods from your diet permanently.

Sometimes, osteoarthritis is aggravated by "regular" food allergies. If you have a personal or family history of allergies, it's worth having this possibility checked out. For a list of physicians in your area who can help you with allergy screening, contact the American Academy of Environmental Medicine at (316)684-5500 or www.aaem.com. There are various ways to determine specific food allergies, but skin testing is not usually an accurate tool in this case.

The \$10 osteoarthritis cure

Once you've determined whether or not allergies or sensitivities play a role in your arthritis, you can move on to other natural therapies, starting with glucosamine. By now, even mainstream medical doctors have heard of glucosamine. Research shows that it works by helping to stimulate the growth of new joint cartilage. This is probably why there's usually a three to four week delay after starting treatment for pain relief to begin. I recommend 500 milligrams of glucosamine sulfate three times a day.

There have been some warnings in mainstream medical publications that glucosamine might affect blood sugar control. If you have significant osteoarthritis and don't have diabetes, this theoretical possibility shouldn't be a problem. If you do have dia-

betes, checking your blood sugar will tell you whether the glucosamine has enough of an effect to warrant not taking it. In most cases, the improvement you'll likely feel will far outweigh the possibility of any slight effect on blood sugar.

Glucosamine is often combined with chondroitin in natural arthritis formulas. But there's enough question about chondroitin and risk of prostate cancer for me to advise all men to avoid chondroitin at this time. Besides, I've observed that glucosamine usually works just as well by itself. So just use "plain" glucosamine until this question is settled for good.

Complete arthritis relief in less than one month

The next natural osteoarthritis remedy on the list is niacinamide. Even many natural medicine doctors have forgotten, or never learned, just how useful niacinamide (not niacin) can be for controlling the pain and swelling of osteoarthritis.

In 1949, William Kaufman, M.D., Ph.D., published his exceptionally careful and comprehensive research about niacinamide and osteoarthritis titled "The Common Form of Joint Dysfunction: Its Incidence and Treatment." Unfortunately, Dr. Kaufman's research came out around the same time that patented cortisone formulas were being heavily promoted, so niacinamide treatment was hardly noticed. But even though it never made much of a stir, niacinamide treatment works very well. I recommend using 1,000 milligrams of niacinamide three times a day (it doesn't work as well if you only take it once or twice daily). You'll probably start feeling results in three to four weeks. Many osteoarthritis sufferers achieve complete relief of pain and swelling as long as they continue on with niacinamide.

Niacinamide doesn't appear to re-grow cartilage, so it's best to use glucosamine along with it. If you have diabetes and are concerned about glucosamine's effects on blood sugar, niacinamide is a good companion for it. Niacinamide also has many benefits for blood sugar problems, and using it with glucosamine is even more likely to relieve your osteoarthritis symptoms.

And a caution: on rare occasion, people who take this amount of niacinamide get low-grade nausea, queasiness, and sometimes vomiting. Although this only happens in less than 1 percent of people who take niacinamide, if you experience any of these problems, stop taking it immediately. The nausea should go away promptly, but check with your doctor before any further niacinamide use.

Three more great remedies to try

Since glucosamine is on the well-known end of the arthritis-relief spectrum, the final two items on the osteoarthritis-fighting list usually slip below the radar of most physicians. But boron and S-adenosylmethionine (SAME) can both be quite effective.

Osteoarthritis relief in one easy-to-use outline

Here's what you need to do:

- Eliminate all nightshade vegetables and other items (tomatoes, potatoes, peppers, eggplants, tobacco, etc.) from your diet for three to four months to see if it helps alleviate your pain
- Have thorough allergy screening done to test for non-nightshade food sensitivities

And here's what you need to take:

- Glucosamine sulfate—500 milligrams, three times a day
- Cod liver oil—1 tablespoon, once or twice daily
- Vitamin E—400 I.U., once or twice daily (along with the cod liver oil)
- Niacinamide—1,000 milligrams, three times a day
- Boron—3 milligrams twice daily
- SAME—400 milligrams, once or twice daily
- Willow bark—two to four doses per day (of tablets containing 400 milligrams of willow bark extract and 60 milligrams of salicin)
- Myristin—six capsules per day for 80 days

Epidemiologic evidence shows a greater incidence of arthritis in areas of the world low in boron. A small amount of research shows that boron can relieve many symptoms of osteoarthritis. Since boron is quite inexpensive, is safe in small doses, and is useful in treating osteoporosis and preventing cancer in addition to osteoarthritis, it certainly can't hurt to take 3 milligrams twice daily.

SAME is quite effective for some cases of osteoarthritis but not so helpful for others. While it's not a surefire cure, it's quite safe and worth trying if the diet changes and supplements noted above aren't helpful. The only drawback is that it's a bit pricey compared with many other supplements. If you decide to give it a try, take 400 milligrams once or twice daily.

Willow bark is actually the all-natural forerunner to aspirin. It's been proven to relieve pain equally as well as prescription pain medications.

The most recent study was published in the journal *Rheumatology* in December 2001. Researchers tested two groups of 114 participants each, treating one group with two to four 240-milligram doses of salicin (one of the main pain-relieving ingredients in willow bark extract) per day and the other with the same number of 12.5-milligram doses of rofecoxib (the generic name of Vioxx). After four weeks there was no difference between the results for the two products in terms of pain, requirement for additional analgesics, or side effects. The only difference in the two treatments is that willow bark extract is much less expensive than Vioxx.

In all the trials done so far, researchers administered two to four high potency willow bark extract tablets per day to each patient. The tablets contained 400 milligrams of actual extract and 60 milligrams of salicin. The 400 milligrams of extract corresponds to 6 to 8 grams of willow bark, depending on the type used. Your local compounding pharmacist can help you make sure you're getting the right amounts. To locate a compounding pharmacist near you, contact the International Academy of Compounding Pharmacists (800-927-4227; www.iacprx.org).

Breast-feeding mothers should use willow bark extract with caution, since the remnants excreted in breast milk may cause rashes in babies. If you are currently taking blood-thinning medications or NSAIDs, be sure to consult your physician before taking willow bark extract. It is much less likely to cause problems with bleeding than prescription medications or even aspirin, but a bit of caution can go a long way in keeping you safe, healthy, and pain-free.

One-time treatment can cure arthritis for good

Back in the 1990s, former National Institutes of Health researcher Harry Diehl became intrigued by the observation that mice don't get osteoarthritis. Working in his home lab, he analyzed literally thousands of mice, finally isolating a type of fatty acid called cetyl-myristoleate (CMO) not found in rats (which do get arthritis) or humans.

He invented and patented the first process to create bio-identical CMO. When he tried the bio-identical CMO on arthritic rats, they were cured. But he couldn't interest any patent-medicine companies in CMO. So he "let it go" until he developed arthritis himself at age 80.

Over the course of 10 days he applied small amounts of CMO (which he combined with DMSO) topically to his hands. Not only did it completely eliminate his arthritis pain, but Harry also reported that it cured a long-standing headache he'd been suffering and prevented any more recurrences of bronchitis which he's suffered on a regular basis.

Harry used CMO only that one time, and never need to take it again. He also made it for friends, who had the same experience.

While Harry's original topical CMO formula isn't available anymore, he developed a capsulized formulation, called Myristin, that appears to be just as effective. You can find Myristin in natural food stores, compounding pharmacies, and through the Tahoma Clinic Dispensary.

I usually recommend taking six capsules of Myristin daily for 80 days. (If it hasn't worked by then, it probably isn't going to.) Although it doesn't work for everyone, the majority of the Tahoma Clinic patients who've tried it have had substantial or complete relief.

Chapter 2

The 100 percent solution for rheumatoid arthritis

Now let's move on to rheumatoid arthritis (RA). RA is a chronic disease of unknown cause, usually manifesting itself as inflammation of multiple joints. The severity of the disease varies from person to person—I've seen cases ranging from minor pain and discomfort to severe pain and inflammation, with joint damage and deformity.

RA can also attack other parts of the body, resulting in heart disease, anemia, nerve damage, lung disease, and general debility. This condition is considered an autoimmune disease, since the immune system appears to go awry and attack the body's own tissues.

As I mentioned earlier, some of the following recommendations are the same as those for osteoarthritis, but there are a couple of distinct differences. First, attention to diet is very important to rheumatoid arthritis control—even more so than in cases of osteoarthritis. I've observed improvement in every case of rheumatoid arthritis with elimination and desensitization of food allergy, and not just elimination of nightshade vegetables. I learned about the link between allergy and sensitivity and all sorts of health problems—including arthritis—back in 1979 when I read Dr. James C. Breneman's book *Basics of Food Allergy*.

Since then, I've found that at least 40 to 50 percent of the people who come to see me at the Tahoma Clinic have partial to complete relief of all their symptoms—not just arthritis pain—when they uncover their allergies and sensitivities and avoid the offending foods.

Dr. Breneman's technique involves following an elimination diet. During the first week, you'll eat only foods that are less likely to cause allergies (Dr. Breneman had his patients eat things like rice, spinach, and beef). Then you add back the foods you normally eat, one at a time to see if they cause your symptoms to return.

Milk and dairy are almost always major allergens in people with this form of arthritis and have even been the subject of mainstream medical research into RA (which showed that eliminating milk and dairy worked to alleviate symptoms). But even though dairy is usually a primary culprit, there are always multiple allergens aggravating rheumatoid arthritis. The ones that do cause a recurrence should either be completely eliminated from your diet, or you may choose to work with a physician who may be able to help you desensitize to your allergens (you may not be able to desensitize to all trigger foods though). A good place to start is with a member of the American Academy of Environmental Medicine (316-684-5500; www.aaem.com).

But while food allergy elimination and desensitization improve rheumatoid arthritis, sometimes dramatically and always noticeably, it doesn't cure the problem.

A common culprit contributes to rheumatoid arthritis

Over the years, multiple studies have reported a high incidence of stomach malfunction (specifically, low levels of hydrochloric acid and pepsin) in individuals with rheumatoid arthritis. These reports also revealed that just replacing the "missing" hydrochloric acid and pepsin—without making any other changes—can significantly improve many cases of rheumatoid arthritis. Telltale symptoms of hypochlorhydria include bloating, belching or burning immediately after meals, a feeling that food just sits in the stomach undigested, and an inability to eat more than a small

amount of food without feeling full. Many people with hypochlorhydria are constipated, some suffer from diarrhea, yet others have normal bowel function.

So with this in mind, I always ask individuals suffering from rheumatoid arthritis to have a gastric analysis done. At the Tahoma Clinic, we test this by radiotelemetry using the Heidelberg capsule. To take this test, you'll swallow a small, plastic capsule that contains electronic monitoring equipment. As it moves through the stomach and intestines, the capsule can measure the pH of the stomach, small intestine, and large intestine and transmit a signal, which you'll receive through an antenna that you wear outside your body. This information can help your doctor determine whether or not your stomach is producing adequate amounts of gastric acid. (This test can be obtained by contacting a doctor-member of ACAM at 800-532-3688, www.acam.org.)

In the majority of instances, the test discloses low stomach function (low acid). If this is the case for you, consider supplementing with either betaine hydrochloride-pepsin or glutamic-acid hydrochloride-pepsin before meals.

I usually recommend starting out by taking one capsule (5, 7 1/2, or 10 grains). After two or three days, if there are no problems, use two capsules in the early part of the meal; then, several days later, increase the amount to three capsules. The dose is gradually increased in this step-like fashion until it equals 40 to 70 grains per meal.

You'll probably need to work with a doctor on this aspect of rheumatoid arthritis, too. On rare occasion, treatment with hydrochloric acid can be dangerous, so it should only be used when testing indicates a need.

Hydrochloric acid should never be used at the same time as aspirin, Butazolidin, Inodacin, Motrin, or any other anti-inflammatory medication. These medications themselves can cause stomach bleeding and ulcers, so using hydrochloric acid with them increases the risk.

Low levels of DHEA could be a culprit

People who suffer from rheumatoid arthritis should also be tested for low levels of DHEA. (The DHEA test is a blood or urine test, and requires a lab request signed by your doctor.) DHEA is an adrenal hormone and an important regulator of the immune system that is useful in autoimmune diseases, including rheumatoid arthritis. It normally reaches its highest levels in both sexes between the ages of 25 and 30 and gradually tapers off from there. At this point, it's not known how to reliably restore normal levels of DHEA secretion, so it's best to use a DHEA supplement. (Since lab results will vary, you should work with a physician to determine how much you need to take.) You can find DHEA supplements at most natural food stores or vitamin shops.

Fish oil and its cousins— an arthritis-relieving family reunion

Fish oil: Here it is again, and it's even more important in rheumatoid arthritis than osteoarthritis. Many research studies have shown that the anti-inflammatory omega-3 fatty acids contained in fish oil significantly reduce the inflammation and pain of rheumatoid arthritis. Generally, I recommend taking 1 tablespoonful of cod liver oil with 400 I.U. of vitamin E (as mixed tocopherols) twice daily.

Plain fish oil, such as cod liver oil, on its own is often very helpful, but some individuals have found that particular fish oil "fractions" such as DHA (docosahexaenoic acid) and EPA (eicosapentaenoic acid) can be even more helpful. If you want to try these, I still recommend backing them up with that "plain" fish oil; for example, take 2,000 to 3,000 milligrams of DHA (DHA capsules always contain EPA as well) along with 1 tablespoonful of cod liver oil and 400 I.U. of vitamin E each day.

Another closely related option is eicosatetraenoic acid (ETA). ETA was originally derived from mussels and is a close relative of DHA and EPA. It's an anti-inflammatory fatty acid and has been very well studied in Australia. You might have heard it called by the brand names Lyprinol and Lyprinex. Some rheumatoid arthritis sufferers have found that 50 milligrams of ETA three times daily noticeably lessens their inflammation. ETA can be a bit hard to find; try your local natural food store first, and if you can't find it there, you can get it online or through the Tahoma Clinic Dispensary by calling (425)264-0059 or visiting www.tahoma-clinic.com. (Although I am affiliated with the Clinic Dispensary, I am not associated with the manufacturers of ETA.)

The warning that's not on the back of your Advil bottle

If you have arthritis and have taken aspirin, Motrin, Advil, or another non-steroidal anti-inflammatory medication (NSAID) for several months or more to relieve your pain, you probably need supplemental copper.

Before they can become effective and offer any sort of pain relief, NSAIDs must first form a "complex" with molecules of copper already present in your body. So it's important to replace the copper that's literally been "used up" by these medications.

But, as I mention on page 9, it's also important to balance supplemental copper with zinc. You should consider having your levels of each tested to determine what balance of zinc and copper is right for you. The February 10, 2003 edition of *Health e-Tips* from *Nutrition & Healing* (subject line: "Your pipes can't help you after all") gave some good tips on testing and finding a general copper/zinc balance. To read it (or to sign up to receive this free e-letter service), visit the *Nutrition & Healing* Web site at www.wrightnewsletter.com.

And, of course, before you begin taking any new supplement, it's always best to discuss your plans with a physician skilled and knowledgeable in nutritional medicine.

The final ingredients in the rheumatoid arthritis relief recipe

Rounding out the list of natural rheumatoid arthritis relievers are the following:

Ginger. You can use this tasty spice in your cooking and take it as a supplement as well. It helps stomach function along even more—and it helps relieve the symptoms of RA too. If you have rheumatoid arthritis, use as much ginger in your cooking as you can and also take 1,000 milligrams of ginger in supplement form three times daily. One study showed that after

Rheumatoid arthritis relief in one, easy-to-use outline

Here's what you need to do:

- Undergo thorough screening for an elimination of food allergies and sensitivities (which may include following an elimination diet)
- Undergo stomach function testing and treatment (if needed) using hydrochloric acid/pepsin therapy
- Have your DHEA levels tested, and work with a physician to determine how much (if any) you need to supplement to return them to the "normal" range

And here's what you need to take:

- Cod liver oil—1 tablespoon, twice a day
- Vitamin E—400 I.U. (as mixed tocopherols), twice daily (along with the cod liver oil)
- DHA—2,000 to 3,000 milligrams, once a day (if you decide to try DHA, you can reduce your dosages of cod liver oil and vitamin E to once daily)
- Ginger—1,000 milligrams, three times daily
- Zinc (picolinate or citrate)—30 milligrams, two to three times daily
- Copper—2 milligrams, two or three times daily
- Selenium—200 to 500 micrograms daily
- Niacinamide—1,000 milligrams, three times a day

three months of taking ginger root, patients with rheumatoid arthritis reported pain relief, better joint movement, and less swelling and morning stiffness.

Unless you're allergic to it, there's no downside to ginger, and my patients tell me it's usually a significant help.

Zinc and copper. These minerals are helpful individually for rheumatoid arthritis, but since prolonged use of one can lead to insufficiency or deficiency in the other, it's best to use them together (although not necessarily in the same instant). Take 30 milligrams of zinc (from picolinate or citrate) two to three times daily and 2 milligrams of copper (from sebacate) two or three times daily. (Take the three doses a day if your arthritis is more severe.)

Selenium. Garlic and onions are the only common foods high in selenium, so if you're not allergic to them, include plenty in your diet—along with the ginger. And I also recommend supplementing the onions and garlic with 200 to 500 micrograms of selenium daily. But don't over do it; it is possible to overdose at quantities of 1,500 to 2,000 micrograms daily.

Niacinamide. Although it's not a primary treatment for rheumatoid arthritis as it is for osteoarthritis, niacinamide can be particularly useful for "ankylosed" joints—meaning ones that have been partially or completely stiffened and immobilized by long-time rheumatoid arthritis. After several months of regular niacinamide use, most cases of ankylosed joints gradually regain mobility. I've seen a few ankylosed joints become more mobile again after a year or more of continuous niacinamide treatment, and many more regain at least partial mobility.

Natural arthritis relief:

No news can still be good news

Regardless of which type of arthritis you're battling, you don't have to wait around for the next patent medicine news flash to find relief. All of the items discussed in the preceding pages work safely and naturally to relieve arthritis pain. I've been recommending them for years and have witnessed far more successes than anything the patented formulas have achieved!

Report #4

**New Secrets of Potency,
Vitality, & Prostate Health**

By Jonathan V. Wright, M.D.

New Secrets of Potency, Vitality, & Prostate Health

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Chapter 1

The male side of the Great Hormone Debate: Is testosterone dangerous?

Eventually, nearly every man reaches a point where his testosterone no longer drives his sex life as well as he might like. And testosterone also shares a large part of the responsibility for a variety of other symptoms and diseases thought to be part of normal aging, including heart disease, prostate disease, muscle and bone weakness, depression, high cholesterol, abdominal weight gain, and loss of mental acuity. But you don't have to just sit back and let these things happen. You can significantly reduce your risks of these and many other "normal" symptoms of aging by replacing the testosterone your body is missing.

Unfortunately, most mainstream doctors actually warn against testosterone replacement therapy, since this hormone has been blamed for all sorts of health problems, including prostate cancer.

But there's one question that always pops into my head when I hear warnings against testosterone: "If testosterone is bad for the prostate, why don't young men have more prostate disease?"

Older men get enlarged prostate glands (BPH); younger men don't. Older men get prostate cancer; younger men don't. Yet younger men have the highest testosterone levels. So why do the conventional medical community, patent medicine companies, and government "authorities" continue to warn us of the hazards of testosterone?

Don't let the artificial scare you away from the real deal

The warnings are due, in part, to a 1940s and 1950s disaster with a synthetic, patented form of testosterone called "methyltestosterone." This molecule was invented for the singular purpose of being patented and making a profit. And even though it had never been found on earth before it was invented, it was sold to literally hundreds of thousands of unsus-

pecting men as "testosterone." After an initial wave of favorable publicity, researchers observed that methyltestosterone caused (among other things) cancer and heart disease. Sales dropped to virtually nil for years, and research on real testosterone was neglected for more than 20 years afterward, since "everyone knew" that "testosterone" was dangerous.

Sounds familiar, doesn't it? Just change the names to "estrogen" and "horse estrogen (equilin)," "progesterone" and "medroxyprogesterones"...and the scientific community is repeating the same error all over again, only this time for women. But back to testosterone...

The fact is, testosterone—real, natural testosterone—is very safe, and can help you tackle all sorts of health problems associated with aging.

Natural testosterone replacement steps back into the spotlight after 60 years

In 1935, Leopold Ruzicka discovered that although the testes produce testosterone, they really contain very little of it. And, instead of extracting minuscule amounts from testicular tissue, he discovered that it is possible to produce testosterone from a much more abundant substance—cholesterol. In fact, that's basically how the body does it. The testosterone Ruzicka produced from cholesterol in his experiment had an identical molecular structure to the body's natural testosterone. Even though it was synthesized in a laboratory, the natural testosterone molecules couldn't be distinguished from human hormones, and the body treated them as such.

So natural testosterone replacement has been around and available for over 60 years, but pharmaceutical companies thought they could "improve" on nature (or at least find a way to profit from it) and wound up making such a mess of it that most men are still too afraid to use either type.

The good news is that research on real testosterone has finally revived. A recent report drives home the point: Testosterone is good for the prostate!

90 percent of men find relief in just six months

Researchers studied 207 men, ages 40 to 83. The first group of 92 men had low testosterone levels. They were treated with 80 milligrams of testosterone daily. The second group of 115 men had very low testosterone levels. This group was treated with 120 milligrams of testosterone daily.

Measurements were done at one, three, and six months. These included prostate volume (size), PSA (prostate specific antigen), lower urinary tract symptoms, and several hormones, including testosterone itself, di-hydrotestosterone ("DHT," a supposedly "bad" metabolite of testosterone), estradiol, and FSH and LH (LH stimulates testosterone in men; FSH stimulates estrogens in women).

Before treatment, LH was elevated in all the men. LH should go back down in men given testosterone, and it did in all men in the first group, and all but 20 men in the second group. (The decline in LH indicates successful testosterone treatment.)

All the men whose LH declined with testosterone treatment had marked decreases in the size of their prostate glands. They also had marked decreases in PSA levels and lower urinary tract symptoms, and striking suppression of not only LH but also DHT, estradiol, and FSH.

Although this is (so far) just one study, it's certainly convincing: Every one of 187 men whose tests indicated effective testosterone treatment had improvement in all parameters measured, including a decrease in prostate size! Given "younger" levels of testosterone, it appears the prostate gland gets "younger" too.

The more testosterone, the sharper your brain

Researchers also continue to demonstrate that testosterone is beneficial for male mental function.

Here are a few excerpts from some of the recent studies supporting this conclusion:

- "short-term testosterone administration enhances cognitive function in healthy older men"
- "decreased serum testosterone levels.... adversely affect verbal memory in normal young men. These results suggest that short-term changes in sex steroid levels have effects on cognitive function in healthy young men"
- "beneficial changes in cognition can occur in...men using testosterone replacement and di-hydrotestosterone [DHT] treatment..."
- "Positive associations between testosterone levels and cognition are consistent with an effect of androgen treatment..."

There's much more research showing that adequate bio-identical testosterone is important for male cognitive function. Hopefully the "experts" will get around to reading it someday. But in the meantime, let's move on and go over testosterone's benefits for your heart.

70 years of heart-health benefits

Not one piece of research since the 1930s has shown bio-identical testosterone to worsen any parameter of cardiovascular function—quite the opposite, actually.

All the way back in the 1940s, testosterone was found to be an effective treatment in 91 of 100 cases of angina. Then in the 1970s, research showed it to be effective in improving abnormal electrocardiograms. And in the 1990s, a Chinese study showed improvement in both angina and electrocardiograms in older men using testosterone.

Research continues to confirm that testosterone is good for men's hearts. Two examples taken from very recent studies:

- "Men with proven coronary heart disease had significantly lower levels of total testosterone, free testosterone, free androgen index and estradiol...For the first time in clinical settings it has been demonstrated that low levels of

free-testosterone was characteristic for patients with low ejection fraction.” Ejection fraction measures the amount of blood pumped from one of the heart’s chambers, so low testosterone is associated with less blood being pumped.)

- “Testosterone reduced QT dispersion in [men with] heart failure.” Higher QT dispersion, a measurement taken from an electrocardiogram, indicates higher risk of death from cardiac arrhythmia. That means in the above study, testosterone reduced the risk of death from cardiac arrhythmia.

A bone-building boost when you need it most

By the time most men hit 70, they “catch up” with women and have just as much osteoporosis and as many bone fractures as women do. This and many other topics are discussed in detail in the book about testosterone I co-authored with Lane Lenard, Ph.D., *Maximize Your Vitality and Potency for Men Over 40*. So I’ll just quote one bit of more recent research here: “After controlling for age and body mass index, bone mineral density correlated positively with estradiol and testosterone.”

Once again, no one has ever reported that normal levels of bio-identical testosterone are in any way bad for men’s bones.

The reason you still need those regular check-ups

If your testosterone levels are low, and you decide to take testosterone (that’s real, bio-identical testosterone, not a patentable version) make sure to have your PSA level checked before you start, and then check it again in three to four months. If it rises more than a little in that time, you may have uncovered a pre-existing prostate cancer, so check with your doctor or a urologist right away, and stop using testosterone until you’ve fully investigated the situation.

Remember: testosterone doesn’t cause prostate cancer (if it did, young men would have the highest

rates), but it does increase the growth rate of a cancer that’s already there.

But don’t settle for “plain” PSA measurement; there are more advanced and more accurate measurements. At present I prefer the “cPSA” (complexed PSA) test; your doctor may prefer another.

Even bio-identical hormones can be dangerous in excess. So no matter how great you might feel, don’t take more than your tests show you need!

Natural testosterone: easier to use than ever

The current trend in testosterone replacement therapy is the application of natural testosterone to the skin (transdermal administration). The first of these methods is the scrotal patch (sold under the name Testoderm®) made from a vegetable source. Scrotal patches tend to be rather inconvenient, though, so there have been some other innovations in testosterone replacement.

The “almost anywhere” patch works in much the same fashion as the scrotal patch but can be applied anywhere except the scrotum or bony areas. This type of patch is sold under the names Androderm® and Testoderm TTS®. The use of Androderm resulted in significant improvements in fatigue, mood, and sexual function.

Two more options in natural testosterone replacement are creams and gels, which are usually much cheaper than the patches.

Finally, an oral form of natural testosterone can be formulated by a compounding pharmacist and can essentially function as the most convenient and inexpensive natural testosterone delivery system. (However, I don’t usually prescribe the oral form to my patients, having found the other methods to be a bit more effective.)

The quickest, most efficient way to find a knowledgeable, open-minded doctor who will consider prescribing natural testosterone is to locate one who is a

member of the American College for Advancement in Medicine (ACAM). Members of this professional organization are skilled and knowledgeable in the prescription and use of natural hormones, as well as various nutritional, herbal, and botanical products. For a list of ACAM doctors near you, contact ACAM by calling (800)532-3688 or via the Internet at www.acam.org.

Once you have a prescription for natural testosterone, you'll need to find a compounding pharmacist. Compounding pharmacies are located all over the country, so you shouldn't have too much trouble finding one. For a list of compounding pharmacies near you, contact the International Academy of Compounding Pharmacists (IACP) by calling (800)927-4227, (281)933-8400, faxing (281)495-0602, or via the Internet at www.iacprx.org.

Chapter 2

Forget the Proscar propaganda—shrink an enlarged prostate the natural way

Nothing focuses on the differences between the pharmaceutical and natural approaches to health care more sharply than the treatment of an enlarged prostate, or benign prostatic hyperplasia (BPH). Take finasteride (the generic name for Proscar™) for example. Designed by a computer to fit a particular chemical receptor site, finasteride is a chemical laser beam aimed at the metabolic juncture where testosterone turns into DHT—the enzyme 5 α -reductase. By inhibiting the action of 5 α -reductase, finasteride drastically reduces the amount of DHT formed in the prostate.

This strategy has had its share of clinical success, not to mention commercial success. But it's also helping to propagate the myth that excess DHT is the cause of BPH. If you believe this myth, of course, then Proscar™ is just what the doctor ordered. But the truth is, BPH is a lot more complicated than just "too much DHT binding too many androgen receptors for too long." Effective treatment requires a strategy that approaches the problem from several different angles

The best alternative to Proscar

You've probably heard a lot about saw palmetto over the past few years. It has a well-deserved reputation for reducing and, in many cases, eliminating the symptoms of BPH. In fact, the results of numerous trials on saw palmetto and BPH are so indis-

putably good that, these days, you can find this supplement in most supermarkets.

Even better, there doesn't appear to be any side effects from using this herbal preparation.

But when it comes to prevention, I'm willing to bet that no man ever got BPH because of a deficiency of saw palmetto or stinging nettle. In my own practice, I've observed that men who try diet and supplemental essential nutrients first almost always experience a big decrease and sometimes even a complete elimination of their BPH symptoms. BPH may actually be a symptom of zinc and/or essential fatty acid (EFA) insufficiency for some men.

Both zinc and essential fatty acids are essential nutrients, saw palmetto isn't. And, it's more than likely that if one body tissue is deficient in an essential nutrient, there are other tissues, glands, and organs that are also deficient (even if they're not apparent). So if the prostate is "hurting" for lack of zinc and essential fatty acids, you need to make sure to get these nutrients first. These supplements will help the rest of your body, too, wherever they're needed. By contrast, taking saw palmetto will help the prostate, but it won't help the possibly hidden need for essential nutrients elsewhere in the body.

In my clinical experience, zinc and essential fatty acids are the most important parts of a supplement program designed to reverse BPH and its symptoms. And sometimes these two essential nutrients (taken together as supplements) are all that many men with BPH need.

Two of the best and most easily accessible dietary sources of zinc and essential fatty acids are unroasted sunflower seeds and pumpkin seeds. Nearly all other unroasted seeds and nuts are also good sources of these two nutrients.

While food sources of zinc and essential fatty acids may be enough to prevent BPH in the first place, they're usually not sufficient to reverse it. Once BPH and its symptoms have occurred, I usually recommend 30 milligrams of zinc (picolinate or citrate) three times daily to start, tapering down slowly as symptoms recede, along with 2 milligrams of copper. I also recommend taking 1 tablespoon of organically grown, carefully processed "high-lignan" flax oil twice daily along with 400 IU of vitamin E.

Granted, there aren't any clinical studies on this approach. So a few years ago, I did one of my own. I kept track of 19 of my BPH patients (I picked 19 just to stay in the same range as other studies on "mainstream" approaches) who were supplementing with zinc and flax oil only. I observed that 18 of the 19 men in this group had significant reductions in both symptoms and gland size.

One note of caution: There has been some recent research linking alpha-linolenic acid (ALA), an essential fatty acid found in flaxseed and flaxseed oil, with increased risk of prostate cancer. According to these studies, too much ALA can suppress 5-alpha-reductase, so if you decide to try this approach for managing your BPH symptoms, you might want to have your 5-alpha reductase enzyme activity measured. This is easily done from a 24-hour urinary steroid test.

A few more botanical tricks up Nature's BPH-relieving sleeve

Of course, saw palmetto shouldn't be ignored completely. It can make a difference if zinc and essential

fatty acids don't completely eliminate your symptoms.

Since it's a complex, naturally occurring substance, you might expect saw palmetto to have a few more therapeutic tricks up its sleeve than a one-trick pony like finasteride, and you'd be right. Exactly how saw palmetto works is not certain. What is certain is that unlike finasteride, it appears to have a variety of different actions, any or all of which may be beneficial for prostate health.

The vast majority of trials of saw palmetto extract in men with BPH have shown it to be an effective and exceptionally safe therapeutic option.

Saw palmetto extract is widely available in health food stores and by mail order from nutritional supplement companies. Keep in mind, though, that not all saw palmetto extracts are alike. It's important to make certain that the product label indicates that the saw palmetto extract is 85 to 95 percent fatty acids and sterol. Anything less may not have the potency to do any good. The dose most often found to be safe and effective is 160 milligrams twice daily. No serious side effects of saw palmetto extract, taken in reasonable doses, have ever been reported.

Another helpful botanical in fighting an enlarged prostate is stinging nettle (*urtica dioica*). Like saw palmetto extract, stinging nettle extract is a complex natural substance, and it probably helps in several effective ways to combat BPH. Studies have shown that the extract binds the protein called sex-hormone-binding globulin (SHBG). SHBG permanently binds testosterone (and other "sex hormones"), and its levels increase with age as testosterone levels decline. To the degree that they bind to SHBG, the components of stinging nettle extract "crowd out" testosterone, which may raise the levels of free testosterone circulating in the body. Elevated free testosterone may have a variety of beneficial effects all over the body. Specifically in terms of the prostate, though, this added free testosterone may help restore the normal estradiol/testosterone ratio, removing an important stimulus to prostate growth.

Stinging nettle extract is also widely available from health food stores and nutritional supplement suppliers. The dose of stinging nettle extract used most often in clinical studies is about 300 milligrams per day. Stinging nettle makes a great soup and a bowl of soup a day should readily achieve this dosage level. (The active components of nettle appear to be water-soluble). No serious adverse effects have been associated with reasonable doses.

In addition to saw palmetto and stinging nettle, other botanical products that appear to have beneficial effects on the aging prostate are *Pygeum africanum* bark and a flower pollen extract, *Graminaceae*, usually called by its brand name, Cernilton™. Since each of these substances may have slightly different mechanisms of action, it is common to combine two or more of them to achieve an additive effect.

The best solution might mean more than one “right” answer

So, why not use all of these treatment options? This may actually be the best solution. It's what I often recommend to my patients. But whatever you do, if you have an enlarged prostate along with its symptoms, don't just reach for the saw palmetto or stinging nettle without picking up the zinc and essential fatty acids too.

(Of course, any prostate health supplement program should also include selenium, vitamins E and D, and lycopene from tomato products—and I don't mean ketchup!)

There are several widely available prostate supplements that contain all the useful ingredients mentioned above. Check your local natural food or vitamin store for one that best suits your needs. Though it's perfectly fine to take the supplements individually, one of the combinations could save you time and money—not to mention space in your medicine cabinet!

BPH medications aren't helping? Maybe you're treating the wrong problem

Some men may suffer what they think are typical BPH symptoms (frequency, urinary urgency, nocturia, decreased size and force of stream, incomplete bladder emptying, and dribbling) and get treated (unsuccessfully) for BPH, but the symptoms may not be caused by an enlarged prostate at all.

Instead, they may be caused by a condition known as prostatism, which is related to the muscles in the prostate and the neck of the bladder. These smooth muscle cells are under the control of the sympathetic nervous system, and they tense up and contract just like all other muscles. The feelings that occur mimic the symptoms of BPH.

The key to relieving prostatism is adopting a treatment program that includes something that will relax your muscles. I had one patient who could only empty his bladder completely after a night of ballroom dancing. The motion of the dancing and the social atmosphere relaxed him sufficiently enough to regulate bladder function.

I usually recommend that people take a combination of muscle relaxing herbs.

Kava is a good muscle relaxant and may benefit prostatism. I've recommended it to patients who've had successful results. Other relaxation herbs include *zizyphus spinosa*, skullcap, and cramp bark, often used as a mixture.

You might need to try a few different approaches and dosage amounts before you find relief. For a list of physicians in your area who can help you determine the best program to fit your needs, contact the American Academy of Environmental Medicine at (316)684-5500 or www.aaem.com.

Chapter 3

Help for a lagging libido and potency problems —beyond Viagra

If Viagra were harmless and inexpensive, I wouldn't emphasize the use of natural therapies so heavily. But Viagra just poses too many risks to be considered the treatment of choice—especially when there are safe, natural options readily available for you to try.

L-arginine: Just say yes to NO

The first step is to make sure your testosterone levels are where they need to be (see Chapter 1 for more on that). From there, you need to increase your body's levels of nitric oxide (NO). It sounds somewhat ominous (like you're pumping yourself full of rocket fuel), but nitric oxide is actually the natural substance primarily responsible for causing and maintaining erections. It is possible to raise NO levels safely and naturally, enabling normal erections, by raising levels of the amino acid L-arginine, which can be rapidly converted to NO when needed in the body. The best food sources of L-arginine are grains, seeds, beans, nuts, and chocolate. You can also take L-arginine supplements, which are available in most natural food stores. L-arginine is generally considered to be very safe, even at the high doses that may be required for sexual enhancement—3 to 6 grams per day or more. However, if you have cancer or any form of herpes, you should consult your physician before supplementing with L-arginine.

The pre-Viagra treatment of choice still holds its own

For the last 70 or 80 years, the most widely accepted treatment in the United States for sexual problems in both men and women wasn't a "magic" little pill from a patent medicine company. Instead, the mainstream relied on something completely uncharacteristic: an all-natural herb called yohimbine. In fact, until Viagra came along, yohimbine was the only medicine approved by the FDA for treating impotence.

But since yohimbine is completely natural, it

couldn't be patented, which means no one could make enormous profits from selling it. So the big patent medicine companies didn't rest until they came up with a "solution" to sexual dysfunction that would boost their stock prices, even if it turned out to cause significant side effects—and so, Viagra was born. But yohimbine is still effective and is available over the counter in a variety of formulations and by prescription in 5 mg tablets.

Yohimbine probably works because it prevents norepinephrine from stimulating α_2 -adrenergic receptor sites, but it is not clear whether it exerts its effect in the brain or in the penile arteries. The doses of yohimbine most commonly reported to be safe and effective range from 18 mg to 100 mg per day, usually divided into three to four doses.

Although they're nowhere near as dangerous as those associated with Viagra, there are several side effects to watch out for when using yohimbine, particularly when recommended quantities are exceeded (can't imagine one of us guys doing something like that, can you, ladies?). The most common ones include anxiety, dizziness, headaches, and insomnia. Men who have high blood pressure are generally advised not to take yohimbine and use of the herb should be discontinued if you experience any increase in your blood pressure.

Better than testosterone

When testosterone levels decrease, sexual dysfunction isn't the only result. The chemical imbalance can lead to symptoms such as depression, fatigue, and muscle weakness. But researchers specializing in male health and sexual function have reported that a combination of two safe natural metabolites—propionyl-L-carnitine and acetyl-L-carnitine—are even more effective than testosterone in treating the depression, fatigue, and sexual dysfunction that can be associated with male aging.

It's not that testosterone doesn't work—in fact, the researchers reported that testosterone worked significantly better than placebo. It's just that the combination of "carnitines" worked even better.

None of the groups experienced significant side effects. And since they're safe and effective alternatives to testosterone, the carnitines offer the perfect solution for men who have had prostate cancer and can't take testosterone.

A safe alternative for men who have (or have had) prostate cancer

Poor sexual function is especially common in men who have had prostate cancer. For them, taking testosterone usually isn't an option because it could potentially stimulate cancer growth. (In fact, many are even given patent medications that reduce testosterone levels to zero or close to zero.) This is really one of the very few instances where Viagra can be helpful. Of course, Viagra does nothing for other symptoms of low or no testosterone, including fatigue, depression, and muscle weakness.

But researchers have found that taking the carnitine combination mentioned above along with Viagra (when needed) provides significantly more improvement in sexual function for men in this situation than taking Viagra alone.

And as a bonus, the combination of acetyl-L-carnitine and propionyl-L-carnitine can improve your mood, alleviate fatigue, and improve muscle strength and function, making up for many of the problems that go with low or absent testosterone (and which Viagra doesn't help at all).

Better sexual function in a single—natural—formula

Although you can purchase the carnitines separately, propionyl-L-carnitine can be hard to find, so I recommend buying them in combination.

The best formula presently available is called PROPeL, which is a combination of acetyl-L-carnitine, propionyl-L-carnitine, and alpha-lipoic acid.

(Alpha-lipoic acid has been found to improve erectile function in lab animals.) PROPeL is available in natural food stores and compounding pharmacies carrying Life Enhancement products, the Tahoma Clinic Dispensary, and Life Enhancement, Inc., www.life-enhancement.com, (800)543-3873.

Three more herbal options for a satisfying sex life

My research files are filled with studies proving the libido-enhancing benefits of herbs. Some of the results I've found most impressive refer to muira puama, ginseng, and Ginkgo biloba. Muira puama's origin is as exotic as its name implies. It is derived from a shrub that grows in the Amazon region of Brazil. Studies suggest that supplements of this herb can increase libido and improve erectile dysfunction. And you don't have to travel halfway around the world to get it. You can find this product in many natural food stores.

Various studies have demonstrated that ginseng has increased serum testosterone levels and that it may improve blood flow to the penis. Ginkgo biloba is also a major aid in improving blood flow, especially through small arteries like the ones in the penis. Both are available in natural food stores, as well as many grocery stores.

This list might seem a little overwhelming, but I doubt you will need to take all of the items mentioned. Usually one or maybe a combination of two to three will do the job. Whichever combination you decide to try, the dosage amounts I generally recommend to my patients are as follows: 1,000 to 1,500 milligrams of muira puama daily; 100 milligrams of ginseng two to three times daily; and/or 40 milligrams of Ginkgo biloba three times a day.

In addition to these supplements, don't forget diet and exercise: Supplements can help, but they can't fix everything. We're all creatures of habit. Moving from old unhealthy patterns to new, more health-promoting ones isn't always easy and it won't happen overnight. But it definitely is worth the time and trouble: Making sure your body is healthy overall will lead to a more fulfilling sex life for you and your partner.

Chapter 4

Detect and reduce your prostate cancer risk with these simple steps

Of course, prostate cancer is the worst case scenario of prostate problems. But there's plenty you can do to prevent it from happening to you. You can determine your own risk of prostate cancer by testing yourself for two major risk factors. And if your test results aren't as favorable as you'd like, you can make a few simple diet changes and take certain supplements to lower your risk.

You need to know your 2/16 ratio too

The first step in reducing your prostate cancer risk is actually one of the same steps women can take for breast cancer: the 2/16 ratio test.

Recently, the journal *Cancer Causes and Control* published a study that directly examined the 2/16 ratio/prostate cancer relationship. Researchers compared 113 men with prostate cancer to 317 men without prostate cancer. They reported that "...elevated 2-hydroxyestrone urine levels suggested a reduced prostate cancer risk...Conversely, elevated 16 alpha-hydroxyestrone levels were associated with an increased risk of prostate cancer... finally, the [2/16] ratio was associated with a reduced risk of prostate cancer."

This wasn't the first clue that the 2/16 ratio might be relevant for prostate cancer. A few years ago, another study showed some intriguing results. Researchers "followed" the diets of several thousand men for several years and found that men who ate at least three 1/2-cup servings of Brassica vegetables per week had a 41 percent reduction in prostate cancer risk. (Brassica vegetables include cabbage, cauliflower, broccoli, Brussels sprouts, bok choy, and others.) Since these vegetables raise the 2/16 ratio, it seemed reasonable to guess that at least some prostate cancer is related to the 2/16 ratio. Now the new study mentioned above confirms that guess.

The good news is, testing your own 2/16 ratio couldn't be easier. You don't even have to leave home to do it. Some changes in the actual testing equipment have

made the process a lot easier. In fact, the testing kits can be mailed to you at home, where you'll collect a urine specimen in the container provided. When you've collected your sample, just mail it back to the lab.

Once you send your sample back to the lab, it generally takes about two to three weeks to get your results.

You definitely want more "good" (2) estrogen than "bad" (16) estrogen—substantially more if possible. So when you get your results, check the proportion of these two substances: Any ratio below 1.0 is unfavorable. Although there's no consensus on an ideal ratio number, I recommend 2.0 or greater if possible.

If your 2/16 ratio is less than 1.0, there's a good chance you'll be able to boost it just by eating a few specific foods. Start with Brassica (or mustard family) vegetables. These include cabbage, broccoli, cauliflower, bok choy, Brussels sprouts and many others. One thing to keep in mind: It is possible for Brassicas to cause suppressed thyroid function and even goiter if you eat a lot of them on a daily basis, so three to four servings a week is a good general range.

The natural cancer-fighting substances in these vegetables—*isothiocyanates* and *indoles*—help regulate and improve the 2/16 hydroxyestrogen ratio. In essence, a normal 2/16 ratio means less cancer risk.

You might find that you only need to incorporate one of these foods into your diet to raise your 2/16 ratio, but sometimes it takes a combination to make a big difference. In a lot of cases, just eating these foods will bring a low 2/16 ratio to 1.0 or above in just four to six weeks without any other specific supplementation. But if you find you're still not getting sufficient improvement, you can also take di-indolylmethane (DIM) supplements to boost it even further. DIM is actually a substance found in Brassica vegetables, but

it's also available in most health food stores in supplement form. If you need some extra help, take 60 milligrams three times daily, and check your 2/16 ratio again in another four to six weeks.

Of course, it's also important to note that the 2/16 ratio is only one risk factor for prostate cancer, and while fixing this problem definitely lowers cancer risk, it doesn't eliminate it. And, unfortunately, once cancer has started, lowering the amount of "bad" estrogen is not likely to cure the cancer—but it is very likely to slow the progression.

Is your testosterone turning into estrogen?

By now you might be wondering why a test that predicts estrogen-related cancer risk also works for evaluating prostate cancer risk. Well, even the manliest men produce some estrogen. In fact, your body actually turns testosterone into estrogen. This process is called aromatization.

If everything is functioning properly, only a small fraction of your total testosterone becomes estrogen. Unfortunately, as men get older, there's a tendency for this process to speed up, turning more and more testosterone into estrogen. (This is called excess aromatization.) With excess aromatization, your body makes more estrogen than is good for your prostate—and it leaves too little testosterone behind. This raises your risk of both prostate enlargement and prostate cancer.

Excess aromatization is rare before age 40 to 45 (although it is possible). So if you're in that age bracket, you might want to have your aromatization checked—especially if there's a history of prostate cancer in your family.

The excess aromatization test involves collecting your urine for 24 hours. You only need to mail a small amount of the total sample to the laboratory for testing, and, if you want, the 2/16 test can be done on the same specimen. If you have trouble getting your doctor to order these test kits for you, contact a physician-member of The American College for Advancement in Medicine (800)532-3688; www.acam.org or The International College of Integrated Medicine (866)464-5226; www.icimed.com, or Meridian Valley Lab (425)271-

8689; www.meridianvalleylab.com for help. Meridian Valley is located in Washington state, where, by law, you can order your own lab tests without a doctor's order.

Boost your manhood with a flower?

When your test results arrive in the mail, look at your total estrogen and testosterone levels. If your total estrogen exceeds the "normal" range listed for men, or if your testosterone level is way too low (less than your estrogen level), that indicates excess aromatization.

If your lab results show excess aromatization, chrysin, a flavonoid derived from passionflower, can slow it down to normal again. Take 500 milligrams of chrysin three times daily. (I've observed that the brand of chrysin containing a very small amount of diadzein, an isoflavone, appears to be more effective.) Then take another test in four to six weeks.

In the majority of cases, a follow-up test shows more testosterone and less estrogen, which means that the excess aromatization has been slowed. I definitely recommend trying chrysin first. But if it doesn't seem to work for you, the only alternative available right now is a patent medication called Arimidex. Carefully adjusted fractional doses of Arimidex will effectively slow aromatization. If you end up needing to take Arimidex, please work closely with a physician who can help you take the smallest dose necessary to do the job.

Make a different sort of "date"

There you have it: two simple tests for figuring out your prostate cancer risk—and a few easy solutions to lower it if it's too high. In fact, since so many of these steps are similar to breast and ovarian cancer risk testing, you and your wife may want to consider ordering your test kits at the same time. Then, if you need to take steps to lower your risks, you'll be able to help each other through the process.

You should still continue to take as many other protective measures as you can—including taking 200 to 300 micrograms of selenium, 20 to 30 milligrams of lycopene, and 3 milligrams of boron per day: The more you protect yourself, the better!

Report #5

**New Secrets Every
Woman Needs to Know**

By Jonathan V. Wright, M.D.

New Secrets Every Woman Needs to Know

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Chapter 1

The only HRT solution used safely for 200,000 years

One day in July 2002, the phones at the Tahoma Clinic suddenly started ringing off the hook. The callers were almost all women wanting answers about the risks of hormone replacement therapy (HRT). At first, I wasn't sure where all the concern was coming from, since I usually don't get that many calls on the same topic in a whole month, let alone in one afternoon. But then I saw the front page of the newspaper: HRT had made national headlines. Directors of a national study known as the Women's Health Initiative abruptly stopped their research and instructed the women to discontinue taking HRT, because it increases the risks of breast cancer, blood clots, stroke, and heart attack.

Things have quieted down a bit at the Tahoma Clinic since that first frenzy of calls, but I've gotten so many letters from readers all over the world asking questions and expressing concerns about HRT, I wanted to take the time to go over this issue in detail so that you know exactly what's safe, what isn't, and why.

Why is HRT risky?

You've undoubtedly seen those TV commercials—with Lauren Hutton and some other familiar celebrity faces—singing HRT's praises. The problem with the kinds of HRT you've seen advertised by celebrities on TV commercials and the kind used by researchers in the cancelled Women's Health Initiative study is that they don't replace human hormones with human hormones.

So HRT, especially long-term HRT, is risky for the same reasons any patent medication treatment is risky: It uses molecules never before found in human bodies! (At least not until patent medicine companies got a hold of them, synthesized and/or patented them, and then paid for FDA approval.)

Whenever you put molecules in your body that nature didn't intend to be there, you risk damaging the very precisely balanced biochemical system going on inside you—sometimes temporarily, sometimes perma-

nently. And the longer you ingest any unnatural molecules the more likely it is that you'll have bad effects.

The most widely prescribed hormones used in conventional HRT, the same kinds used in the Women's Health Initiative study, are lumped together into a product called Prempro, a combination of Premarin and Provera (a form of progestin). But you're probably still wondering what exactly these substances are—this is the part of the story reporters and even experienced science writers just don't seem to want you to know (or just don't know themselves). So I'm going to give you the inside scoop.

Let's start with Premarin. Brace yourself for this one: Premarin is a combination of estrogens concentrated from horse urine. That's right, I said urine. Not exactly the most welcoming news to most women—I've seen more than a few grimaces of disgust from patients when they learn they've been ingesting the stuff. But disturbing as this thought might be, horses are natural, right? So shouldn't their hormones be safe? Well, horses are certainly natural, but there are some obvious differences between them and women. There are equally obvious differences between horse estrogens and human estrogens. The principal horse estrogen is called equilin, of which there is not a speck, not a nanogram, in any woman. Equilin is much stronger than any type of human estrogen. Just to give you an example of this: Equilin's effects on the lining of the uterus are up to 1,000 times stronger than the effects of human estrogen (which gives us a clue as to why Premarin greatly increases the risk of uterine cancer).

Now, on to Provera (which makes up the "pro" part of Prempro). Provera is a synthetic type of progestosterone molecule (officially known as medroxyprogesterone) invented and patented in the 1940s because the profit margin on selling natural, identical-to-human progesterone wasn't high enough. (I'm not just being cynical here. This is the motivation behind the entire

patent medication industry!) Studies have shown Provera to be hazardous to heart health, and women who have taken it have had more heart attacks than those women not taking it.

So far, this seems awfully bleak, but bear with me—we're about to get to the good news. Though it hasn't made any national headlines, and probably won't anytime very soon, there is a safe, effective alternative to conventional HRT.

Real hormone replacement therapy has nature's stamp of approval—not the FDA's!

Of course, the "alternative" isn't really "alternative" at all. It's actually the real thing: hormones present in women's bodies for at least 200,000 years (and probably a lot longer). Premarin and Provera are actually 20th century substitutes for the real thing, introduced and sold for all the wrong reasons. If you're going to use hormone replacement at all, wouldn't you rather use hormones "approved" by nature rather than those approved by the FDA for their profit potential?

Actually, this idea didn't originate in the 20th century. Hundreds of years ago, Imperial Chinese physicians appear to have been the first to use bio-identical hormone replacement therapy as an important part of overall anti-aging therapy for the emperor and his court. They evaporated urine from women in their late teens and early 20s, and combined the crystalline residue left behind with herbs and sweet gums to give to the empress and women of the Imperial Court. They did the same thing for the emperor and men of the Court using urine from young men. Those who took these preparations (all in older age groups) noted an anti-aging, rejuvenating effect on their skin, a major boost in their energy levels, and an improvement in their sex drives.

Before you get nauseated at this thought, remember that literally tens of millions of American women have been swallowing purified horse urine without a qualm for nearly 40 years!

Since all of the hormones found in human bodies are excreted in the urine, a "recycling" program from

those whose bodies produce the most hormones—young people—to those who produce the least is actually the safest, most natural, and best-balanced way to go. But somehow I doubt this recycling approach will gain much public support, so the next best and safest method of hormone replacement is to use "bio-identical" hormones—estrogens, progesterone, and testosterone precisely identical to those found in human bodies.

Replacing the natural hormones your body needs

Bio-identical hormone replacement can be confusing, so it might help to know a bit about the basic biology behind it. Progesterone and testosterone are each individual molecules. "Estrogen" is actually a collective term used to refer to at least 20 to 30 distinct molecules all naturally present in human bodies. (To make it even more confusing, there are distinct animal estrogens, such as equilin, and a whole variety of plant estrogens, generally termed "phytoestrogens"—but for our purposes here, you don't need to worry about those.) Although researchers have started to sort out the roles of all the various estrogens, the job is nowhere near complete.

The three human estrogens studied the longest are estrone, estradiol, and estriol. Estrone and estradiol are generally considered slightly pro-carcinogenic; estriol is generally considered anti-carcinogenic, or at worst, neutral.

In the early 1980s, I had a patient who came to me after her doctor prescribed conventional HRT. She insisted she wasn't a horse (I'm not kidding!) and wasn't going to take horse hormones. I realized, obviously, that she was right, and that the point of HRT should be to replace the actual hormones your body would produce if it could. So I checked with several major clinical laboratories to find out the exact proportions of the three major estrogens circulating naturally in a woman's bloodstream. It took a considerable amount of inquiry and calculation before I finally found out the breakdown: it turned out to be approximately 10 percent estrone, 10 percent estradiol, and 80 percent estriol.

Once I had the proportions, I contacted a friend of mine named Ed Thorpe, a compounding pharmacist at Kripps Pharmacy in Vancouver. He assembled the three estrogens in their natural proportions into a compound, called Triple Estrogen. In the 20 years since Ed and I worked together to create that first batch of Triple Estrogen, its use, and the use of similar estrogen compounds, (both along with natural progesterone and testosterone) has spread from my patients at the Tahoma Clinic to tens of thousands of women all around the USA.

It's natural, but is it safe?

In the last 20 years, I have written several thousand Triple Estrogen prescriptions, along with prescriptions for natural progesterone and testosterone. But I'm always very careful to explain to my patients that no treatment, not even natural treatment, is perfectly safe, but bio-identical estrogens, progesterone, and testosterone are much safer than horse urine estrogen or medroxyprogesterone.

Here's how the "excess risks"—those of heart attacks, blood clots, strokes, and cancer—found to accompany horse urine estrogen and medroxyprogesterone pan out using natural HRT:

Natural hormones handle your heart with care

A few years ago, I returned to work after being away from the clinic for two weeks. I was greeted with the news that a patient named Fran had called to tell me she didn't have "that bad angina" anymore. Since she'd never complained of problems with angina previously, I asked for a bit more explanation. It seems that Fran, who was 63 at the time, had started having "just a little" chest pain several months before. The pain gradually got worse, but she hadn't done anything about it until two days before I left, when her husband "dragged" her to an emergency room because she couldn't walk more than a hundred yards without chest pain. She'd been given nitroglycerin to relieve the symptoms and referred to a local cardiologist, who had tests performed and then told her to check into a hospital for coronary bypass surgery.

Instead, Fran persuaded her husband to drive her to the Tahoma Clinic. One of the clinic nurses started her on daily intravenous magnesium injections along with Triple Estrogen and progesterone. Ten days later, she could walk as far as she wanted with no chest pain at all. A month after my first visit with her, Fran's HDL cholesterol was considerably improved.

While this doesn't prove that Triple Estrogen and progesterone prevented Fran's heart attack (intravenous magnesium likely helped a lot), it does show they didn't cause one, even in a "high risk" individual.

It makes sense when you think about it: Men start having a significant number of heart attacks in their 40s, when their testosterone levels take a nosedive. Women start having a significant number in their 50s, when menopause has deprived them of a good portion of their estrogen and progesterone levels. So if losing your natural hormones increases your heart attack risk, it's pretty safe to say that replacing those lost hormones with bio-identical versions will very likely reduce your heart attack risk.

An easy way to eliminate your risk of estrogen-induced blood clots and stroke

Even bio-identical estrogens, particularly large quantities of them, raise a woman's risk of blood clots. And, unfortunately, if blood clots form abnormally in the brain, a stroke follows.

But estrogen-related blood clots are entirely—and easily—preventable with omega-3 fatty acids and vitamin E. I recommend one tablespoonful of cod liver oil and 400 IU vitamin E daily.

DHEA: A vital but neglected part of natural hormone-replacement therapy

DHEA (dehydroepiandrosterone) is a hormone manufactured by the ovaries and the adrenal glands. It's been shown to have a bone-building effect. The decline in ovarian DHEA production at the time of menopause may be one of the factors contributing to post-menopausal osteoporosis. In fact, DHEA may be more important than estrogen for osteoporosis prevention.

DHEA is one of about 70 hormonal materials made in the cortex of our adrenal glands. It's actually the most abundant adrenal steroid hormone, and it was the first discovered.

We all peak in our DHEA production at about 25 to 30 years of age. It's supposed to drift gradually down after that, but some of us go "klunk" a little sooner, and the reversing of our well-balanced immune system, good tissue strength, a portion of our cancer protection, and so on begin to occur. And that leads to an acceleration and intensification of aging symptoms. If our bodies maintain, by supplementation if necessary, reasonably normal levels of DHEA, it may have an anti-aging effect. I'm not talking about using DHEA as a "wonder drug" to turn back the hands of time, but as a replacement therapy if you don't have a normal amount.

Furthermore, treatment with DHEA sometimes relieves hot flashes and other symptoms that have been attributed to estrogen deficiency. DHEA therapy is even more effective when used with natural progesterone. Most laboratories can measure serum DHEA levels. If your level is low (results vary from lab to lab, but the lab reports contain guidelines), you might want to locate an innovative physician who is willing to prescribe a small amount of this important hormone (5 to 15 mg/day is the usual dose).

Other potential benefits of DHEA are improved immune function, more energy, lower serum cholesterol, a better memory, and a longer life. I admit that all those claims make DHEA sound a little bit like a "cure-all," but the research on this hormone really is solid.

How to check your levels of DHEA

Monitoring your DHEA levels should be done with the help of a physician who's knowledgeable in DHEA testing and use—especially the testing of DHEA metabolites, to guard against effects of excess.

There are two ways of testing for DHEA levels: the "serum DHEA" test and the 24-hour urine test that checks not only DHEA levels but also DHEA metabo-

lites. The serum DHEA test is relatively inexpensive and especially suitable for initial screening.

Remember that since DHEA is a "precursor" hormone as well as being effective in its own right, it can't be safely taken over a long period of time without checking those metabolites. The lab I work with, Meridian Valley Clinical Laboratories in Kent, Washington, has taken the time and trouble to survey for accuracy all the commercially available test kits. It has also pioneered the study of DHEA, its metabolites, and all the steroid hormones by mass spectroscopy, a very advanced and much more accurate technique. Using this method, the lab has been able to bring costs down by over 50 percent, making the test accessible to many more people. For more information, call Meridian Valley Laboratory at (425)271-8689.

Even safe, effective, natural hormone treatments should be monitored closely

As I said, I've been prescribing this type of HRT for 20 years, and out of the thousands of women treated, only two have been diagnosed with cancer. And in one of those cases, it's very likely the cancer was present before the bio-identical hormones were started. Even in the other case, there's no evidence to support that the hormones had anything to do with her condition.

But as the saying goes, "better safe than sorry." In the last few years, it's become possible to estimate your risk of estrogen-related cancer with a simple urine test (FDA approved, no less—and something useful for once). So I insist that every woman who uses bio-identical hormones have this test done. It's called the "2/16a hydroxyestrogen test." It was first performed (at my request) by Meridian Valley Laboratories.

If test results are abnormal, it's possible to lower your estrogen-related cancer risk simply by eating vegetables in the "mustard family" (cabbage, broccoli, cauliflower, Brussels sprouts, bok choy, mustard greens, and many others). If eating these vegetables doesn't lower your risk enough, then supplements of indole-3-carbinol (I-3-C) or di-indolylmethane (DIM) have always done the trick.

Other foods and supplements that can lower your risk of estrogen-related cancers include flaxseed, selenium, folic acid, and soy (but no more than two or three times weekly, please!).

Sometimes even a little can go a long way

One thing to keep in mind: You may not need long-term bio-identical hormone replacement. Maybe just a little to “get you through” hot flashes, depression, sleeplessness, and irritability during menopause, but that’s all. If you’re healthy and your female relatives have lived to ripe old ages, free of heart attacks, osteoporosis, senility or Alzheimer’s disease, then excellent diet, exercise, positive attitude, and non-hormonal supplementation may be the way to go.

But if you have any of these risk factors in your family, you may still want to consult your doctor about bio-identical hormone replacement therapy. After 20 years, it’s obvious to me that among women who use bio-identical hormone replacement, skin aging and aging in general is less, strength and endurance is better, and mood and attitude are improved. And as an added benefit, many women have reported that their sex drive improves—and stays improved.

The proof is in the practice—20 years of natural HRT success

I’m the first to admit that my 20 years of observation isn’t the same as a placebo-controlled, double-

blind study. But now the Women’s Health Initiative study has confirmed my theories on the risks of conventional HRT, so maybe the so-called “experts” will finally start to eliminate the use of horse urine estrogen and medroxyprogesterone, and scientists will finally turn their attention—and their research funding—to bio-identical hormone replacement.

So when all is said and done, should you take conventional HRT? Given the risks associated with it, my answer is what it’s always been—a resounding NO! Especially when there’s a much safer alternative: bio-identical hormone replacement therapy, using hormones identical to those found in women’s bodies for at least the last 200,000 years. And it’s not as difficult to get as you might think. Triple Estrogen is available from over 1,000 compounding pharmacies across the U.S. You’ll need the help (and prescription) of a good physician who’s knowledgeable in natural hormone replacement. Contact the American College of Advancement in Medicine at (800)532-3688, or www.acam.org for a list of doctors in your area who are skilled and knowledgeable in natural and nutritional therapies.

(For more details on bio-identical hormone replacement therapy, please refer to the book *Natural Hormone Replacement for Women Over 45* by John Morgenthaler and me, available through the Tahoma Clinic Dispensary.)

Chapter 2

The natural secret to great sex after menopause

Over the years, I’ve noticed that much more attention has been paid to male sexual health and satisfaction than it has to female. Contrary to what the mainstream medical community might want to believe, I know (from the feedback we get from patients visiting the Tahoma Clinic) that women are interested in having fulfilling sex lives too—yes, even after menopause. But sometimes it just physically isn’t that easy. Atrophic

vaginitis can make sex downright unpleasant for many women. This condition is very common and includes symptoms like vaginal dryness, itching or burning, painful sexual intercourse, light bleeding after intercourse, and sometimes incontinence.

You may have all of these symptoms or just a few. But, since the usual treatment for this problem is hormone replacement therapy (HRT), you may have de-

cided to “just live with it,” rather than face the risks that have recently surfaced regarding synthetic hormone replacement.

Keep in mind you can take hormone replacement safely with all-natural, identical-to-human HRT (as I discussed in Chapter 1), but there may be an even simpler solution—all-natural ginseng.

Decades ago, a British researcher found that Panax ginseng can be used effectively to treat atrophic vaginitis. Women with a history of vaginal dryness and painful intercourse were asked to volunteer for biopsies of the vaginal mucosa. When examined microscopically, the biopsy specimens showed typical atrophy, with a thinner skin and little to no mucous production. Physical examination prior to biopsy showed the same changes.

The women were asked to take Panax ginseng for two to three months. Repeat biopsies showed signifi-

cantly thickened mucosa with more normal surface mucous. Physical examination showed the same types of changes, and women reported disappearance of vaginal dryness and painful intercourse.

I’ve been recommending this same treatment to my patients for years, and they’ve reported great success. I usually advise 100 milligrams of a standardized Panax ginseng extract three times daily. After comfort has returned and symptoms have diminished, you can usually lower your dosage of ginseng to an appropriate maintenance level that works for you.

No one should have to give up hope, comfort, or great sex after menopause. If any of the symptoms listed above apply to you, Panax ginseng is certainly worth a try. It’s available in almost any natural food store, as well as many pharmacies and supermarkets.

Chapter 3

Breast cancer—stop the most feared disease among women from happening to you

It’s no wonder that breast cancer is the biggest fear of so many women. All you hear about these days are the dismal odds: Currently, researchers expect one in eight women—that’s 17 million—to be diagnosed with the disease. And the treatment options are nothing short of barbaric: surgery that leaves you disfigured, radiation that leaves you swollen and tender, and chemotherapy that leaves you weak, bald, and nauseous.

Sure, there are a few brave women (like Suzanne Somers) who refuse the conventional recommendations and opt for alternative natural therapies. But even if they succeed in their fight against the disease, they have to endure the constant and critical questioning of their decision—not exactly the most supportive environment for a cancer patient (who needs it most).

But with all of the attention focused on breast cancer lately, I’m disappointed at how much of it is

geared toward, basically, waiting until a woman actually has the disease and dealing with it then. Unfortunately, this has been the standard practice for years—though I’m sure you’d rather not become a part of that “standard.” So why not focus on preventing breast cancer before it ever happens?

Most mainstream doctors would probably say that we just don’t know enough about the causes of breast cancer to focus on prevention. That’s partially true: Not all of the causes of the disease have been identified, so you can’t completely eliminate the risk. But we do know about enough causes and risk factors to make it possible for you to cut your risk way back. First you have to determine just how at risk you are.

Measuring your levels of various estrogens is a simple technique to help predict if you’re at higher risk for certain types of cancer (especially breast and

uterine). Then, once you have that information, supplementing with the right kind of estrogen (along with other supplements and a diet rich in certain foods) can reduce your risk of ever getting those cancers—or possibly even help treat existing cases.

But since not all estrogen is created equal, let's take a few minutes to go over some of the intricacies.

Five estrogen metabolites you need to know about

The term estrogen doesn't actually describe a single molecule; instead, it's a "group word" covering two dozen or more molecules all built on a common framework. Since these molecules are transformed (metabolized) one into another into another, they're also all called estrogen metabolites.

The "early days" of estrogen research focused mostly on three estrogen metabolites called estrone, estradiol, and estrinol.

Over the last three decades, with improved analytic techniques and evolving research interest, attention has turned to some of the other estrogen metabolites, including "good" and "bad" estrogens. The technical terms for these are 2-hydroxyestrogen (good) and 16 α -hydroxyestrogen (bad), and together they make up what's known as the 2/16 ratio. High 2/16 ratios generally mean a lower risk of estrogen-related cancers (like breast, uterine, and ovarian). Low 2/16 ratios mean higher risk of these same cancers. (I've also observed an unusual number of low 2/16 ratios in men with newly diagnosed prostate cancer, and men with a strong family history of cancer.)

The good news is, testing your own 2/16 ratio couldn't be easier. You don't even have to leave home to do it. Some changes in the actual testing equipment have made the process a lot easier. In fact, the testing kits can be mailed to you at home, where you'll collect a urine specimen in the container provided. If you're pre-menopausal, try to collect the urine specimen during days 19 to 23 of your 28-day cycle, and be sure to note the cycle day and time, in case you need

to take a repeat test or two. When you've collected your sample, just mail it back to the lab.

Once you send your sample back to the lab, it generally takes about two to three weeks to get your results.

Eat your way to a breast cancer-free future

You definitely want more "good" (2) estrogen than "bad" (16) estrogen—substantially more if possible. So when you get your results, check the proportion of these two substances: Any ratio below 1.0 is unfavorable. Although there's no consensus on an ideal ratio number, I recommend 2.0 or greater if possible.

If your 2/16 ratio is less than 1.0, there's a good chance you'll be able to boost it just by eating a few specific foods. Start with Brassica (or mustard family) vegetables. These include cabbage, broccoli, cauliflower, bok choy, Brussels sprouts and many others. You can also eat freshly ground flaxseed, 1 tablespoonful daily. You don't need to go overboard with Brassica vegetables. I know it seems odd for me to be warning you not to eat too many vegetables, but it is possible for Brassicas to cause suppressed thyroid function and even goiter if you eat a lot of them on a daily basis. Three to four servings a week is a good general range.

In a lot of cases, just eating these foods will bring a low 2/16 ratio to 1.0 or above in just four to six weeks without any other specific supplementation. But if you find you're still not getting sufficient improvement, you can also take di-indolylmethane (DIM) supplements to boost it even further. DIM is actually a substance found in Brassica vegetables, but it's also available in most health food stores in supplement form. If you need some extra help, take 60 milligrams three times daily, and check your 2/16 ratio again in another four to six weeks.

Should you or shouldn't you? An answer to the soy question

When soy became a big-ticket item for American business giants, we were hit with an enormous wave of pro-soy promotion. Some of it is actually true. For example, in Asian countries where soy products are eaten regularly, the incidence of breast cancer is definitely lower.

But there's also been a "research backlash," including a recent study showing that former breast cancer patients who ate soy had a higher rate of cancer recurrence than a control group that ate no soy.

Despite the negative soy research, I'm not completely anti-soy. There is also a good deal of research about soy's health benefits. And incorporating soy products (tofu, tempeh, soy milk, etc.) into your diet is a good option for boosting 2/16 ratios. A little goes a long way though, and two or three servings a week is plenty.

When less isn't more: Boosting a stubborn 2/16 ratio

The first woman to do the 2/16 test at Meridian Valley Lab was a Tahoma Clinic employee named Beth, the youngest of nine sisters. Her eight older sisters had all suffered breast cancer, so she was first in line for the test as soon as it became available. Her first 2/16 ratio was 0.5, so she made all the diet changes noted in the left-hand column. But her follow-up test was only 0.6—obviously not good enough. She added di-indolylmethane (DIM), 60 milligrams, three times daily. Much to her disappointment, her next test was still well below 1.0. But she didn't give up: With her sisters' health history in mind, Beth increased her dosage of DIM to 120 milligrams, three times daily. Finally, her next test was above 2.0.

After a few months, she decided to cut the DIM back to 60 milligrams three times daily, partly to cut costs. Unfortunately, her next 2/16 ratio dropped below 1.0 again, so she resumed taking 120 milligrams three times daily, and her ratio rose back up above 2.0.

While supplementing with DIM doesn't guarantee you'll never get breast cancer, it certainly lowers your risk—especially if you have a stubborn 2/16 ratio (like Beth). Even though this approach can be more expensive, the peace of mind it brings is well worth it.

Another do-it-yourself breast cancer risk test

There's another estrogen ratio that's just as important as the 2/16 for estimating your risk of estrogen-

related cancer. It's called the estrogen quotient, or EQ.

As I mentioned above, early estrogen research focused mostly on three estrogen metabolites: estrone (also labeled E1), estradiol (E2), and estriol (E3). Although it's only present in small quantities in the body, estradiol is the most "potent" estrogen, responsible for most of the feminizing changes of puberty. Unfortunately, estradiol and its nearby metabolite estrone were both found to be carcinogenic. Researchers found that the body treats these two hormones with extreme care, rapidly converting them to estriol. As far as anyone could tell, estriol didn't have any carcinogenic tendencies.

With all of this in mind, Henry Lemon, M.D. (a women's cancer specialist), came up with an equation that, like the 2/16 ratio, can estimate a woman's risk of breast cancer. He called this idea the estrogen quotient, or EQ, and formally it's the amount of estriol divided by the sum of the amounts of estrone and estradiol. In mathematical terms, it looks something like this: $EQ = E3 / (E1 + E2)$.

If a woman's EQ is low, her risk of breast cancer is higher. Basically, the higher the EQ, the better.

Sounds too easy to be true, but time after time the EQ proved itself. Take a look at some of Dr. Lemon's EQ research:

In 34 women with no signs of breast cancer, Dr. Lemon found the EQ to be a median of 1.3 before menopause and 1.2 afterward. The picture was quite different in 26 women with breast cancer. Their median EQ was 0.5 before menopause and 0.8 afterward.

In another study, Dr. Lemon found that women with higher EQs survived significantly longer after cancer surgery than women with lower EQs.

So, knowing that women need more estriol to boost their EQs, Dr. Lemon also tried using estriol treatments for breast cancer. He asked a small group of women with untreatable breast cancer (because it had metastasized to bones) to take a large dose of estriol. By the end of the study, an astounding 40 percent of these

women had their cancers go into remission.

Less estriol, more cancer

Of course Dr. Lemon's EQ and estriol findings met with their share of criticism, and some researchers did publish claims disputing Dr. Lemon's results. But there was also plenty of additional evidence supporting him. For example:

- In one study of 150 close relatives (sisters and daughters) of breast cancer patients, researchers found that the majority had lower levels of estriol and higher levels of estrone and estradiol than women without a family history of the disease.
- American women (who have higher levels of breast cancer) have lower levels of estriol than Asian women (who have lower levels of breast cancer). Asian women living in Hawaii had levels of estriol midway between American women and Asian women living in Asia...and their levels of breast cancer were also midway between American and Asian women.
- Estriol enhances the ability of white blood cells to consume viruses, bacteria, and cancer cells.
- Women who have had children have significantly lower risk of breast cancer than women who have never had a child. During pregnancy, estriol levels climb enormously—by 1,000 times or more. Even after childbirth, estriol levels usually remain higher than they were before pregnancy.

This last bit of “pro-estriol” evidence concerning pregnancies leads me to some recent estriol research, which is once again reviving the “more estriol, less cancer” hypothesis.

A one-time boost can protect you for up to 40 years

In this one, 15,000 women were studied during a pregnancy occurring between 1959 and 1967. Invasive breast cancer cases or deaths from breast cancer were tabulated through 1997. What makes this study so remarkable is the fact that it looked ahead so far into the

future of such a large group of women. Prospective studies like this are considered much more reliable than retrospective studies (ones that look back on information after it has occurred). And the results of this particular prospective study make it even more impressive:

The researchers found a clear protective effect based on the amount of estriol the women produced during their pregnancies: More estriol, less cancer later in life. Women in the uppermost 25 percent of estriol production during pregnancy had 58 percent less breast cancer over the next 30 to 40 years than women with the lowest 25 percent of estriol.

The authors concluded (cautiously, of course—they'd be laughed out of their lab coats by mainstream medical “experts” if they didn't downplay findings that nature might know best after all): “If confirmed, these results could lead to breast cancer prevention or treatment regimens that seek to block estradiol estrogen action using estriol, similar to treatments based on the synthetic anti-estrogen, tamoxifen.”

After a decade or two of neglect, the EQ and the “estriol hypothesis” of estrogen-related cancer prediction and prevention (and maybe even treatment, like Dr. Lemon's unpublished research) are back. And some researchers are even starting to admit that maybe, just maybe, estriol in its natural form might work as well as (or even better than) synthetic drugs like tamoxifen.

What's your EQ?

Dr. Lemon tested estriol along with estrone and estradiol by having women collect their urine for 24 hours, then measuring the hormone levels in the specimens. It's still done the same way, and, like the 2/16 ration test, you can have a kit mailed to you at home, which makes things much more convenient, since you'll need to collect all your urine for a 24-hour period (only a small portion of the total collected amount is actually mailed in for testing, though).

If you haven't gone through menopause yet, and you have a menstrual cycle that follows the typical 28-day pattern, pick a 24-hour period between days 19

and 23 of your cycle (day 1 being the first day of menstrual bleeding) to collect your sample. If you've already gone through menopause, you can collect your sample anytime.

Again, once you send your sample back to the lab, it generally takes about two to three weeks to get your results.

**The virtually fail-safe EQ-booster:
You may only need one drop a day**

When your results arrive in the mail, you'll see all of your different hormone levels listed. The ones we're most concerned with for determining breast cancer risk via the EQ are estriol, estrone, and estradiol. Remember, it's not the absolute amount of estriol that appears to be the most important number but the relative amount of estriol compared with the sum of estradiol and estrone. Again, the equation looks like this: $EQ = E3 / (E2 + E1)$.

The lab report might already have your EQ calculated and listed. Some labs today consider EQs of 0.4 to 0.6 as normal. But when Dr. Lemon did his research back in the 1960s and 1970s, he found that women need an EQ of at least 1.0 (this level or above was considered favorable; the further below 1.0, the more unfavorable). So was Dr. Lemon wrong?

Well, let's put it this way: If women only need an EQ of 0.4, why has breast cancer risk gone up? Not only do I think you still need an EQ of at least 1.0, as Dr. Lemon found 40 years ago, but in today's environment, with the amount of estrogen-mimicking carcinogens increasing dramatically, it's more important than ever to keep your level of estriol as high as possible. So I don't see any reason why we shouldn't still follow Dr. Lemon and shoot for an EQ of 1.0 or above.

If your EQ is below 1.0, there's a simple, almost fail-safe solution: SSKI. SSKI is a solution that combines iodine and potassium. It's the iodine that works to boost the EQ: Iodide (and iodine) reliably promote the metabolism of estrone and estradiol into estriol. Although (so far) there haven't been any official stud-

ies on this, I've observed these effects in hundreds of my patients' lab tests.

Take six to eight drops of SSKI mixed in several ounces of water daily for two to three months. Then repeat your test, doing the 24-hour urine collection at the same time of the month as your first one. More likely than not, your follow-up EQ will be above 1.0—sometimes considerably above. If it is, try tapering down the SSKI to the smallest amount that helps you maintain your EQ at 1.0 or above. Some women find that they only need one drop a day, though others need more.

Although SSKI is safe for the overwhelming majority of people, there are individuals who are very sensitive to it. On rare occasion, long-term use of larger quantities of SSKI may cause thyroid suppression. Thyroid blood tests always pick up on this if it occurs.

**Start today to make sure you're
cancer-free tomorrow**

There's no reason to just wait and hope that you're not that one woman in eight who gets breast cancer. The 2/16 ratio and the EQ provide two easy ways to estimate your own risk of breast, uterine, and other estrogen-related cancers.

For more information on these tests, contact a physician-member of The American College for Advancement in Medicine (ACAM) at (800)532-3688 or www.acam.org, the International College for Integrative Medicine at (866)464-5226 or www.icimed.com, or Meridian Valley Laboratory at (425)271-8689 or www.meridianvalleylab.com. Meridian Valley is actually located in Washington state where, by law, individuals can order their own lab tests.

If your risk factor calculations are unfavorable, or even if they're just OK, there are things you can do yourself—starting today—to lessen your breast cancer risk. Cancer is a frightening thing, but don't let that fear paralyze you: Do something about it—and pass the information along to your daughters and granddaughters, too!

Chapter 4

Little-known cures for those all-too-common PMS problems

Despite the fact that premenstrual syndrome is one of the most common problems experienced by women of childbearing age, we still have little idea of what causes it or how we can “fix” it. In fact, there are some “experts” (usually male) who argue that it doesn’t really exist—obviously very brave people.

In the past, sufferers usually focused on symptom control and over-the-counter treatments to get through the roughest times: diuretics to help with bloating, aspirin for muscle aches, exercise for mood, etc.

But recently a new strain of super-PMS has been “uncovered.” It’s called PMDD (premenstrual dysphoric disorder), and the symptoms are so strong that the traditional band-aids don’t help. PMDD is basically the same as regular PMS, but the symptoms—breast tenderness, headaches, joint and muscle aches, bloating and weight gain, difficulty concentrating, and mood swings—are so intense that they markedly interfere with normal functioning in day-to-day life.

Surprise! Hand in hand with this “new” disease is a “new” treatment that popped up in TV advertisements. It’s called Sarafem,TM and its active ingredient is fluoxetine hydrochloride. This product is prescription only, and the capsules are more attractive (pink and lavender)—but guess what...its original market name is the well-known SSRI (selective serotonin reuptake inhibitor)—Prozac!

But you don’t have to rely on the prescription antidepressants that can have negative side effects or the only mildly effective over-the-counter PMS concoctions. There are a few natural therapies that can help. Here’s what we know.

Menstrual cramps: not a Motrin, Advil, or Midol deficiency

Over the last 30 years, I’ve been treating and relieving muscle spasms (and the accompanying pain) with intravenous magnesium (accompanied by vitamin B₆, which appears to help improve magnesium’s

action) in many conditions—one being menstrual cramps. I’ve learned that a magnesium and vitamin B₆ IV can lessen or even eliminate severe menstrual cramping as it’s happening. (Taking these supplements orally won’t relieve cramps immediately, but may help lessen them over several months time.)

A series of these IVs frequently lessens the severity of the cramping until you may be able to manage your symptoms with oral supplements alone. Specific supplementation (of various nutrients, including omega-3 fatty acids and various botanicals) is usually necessary to completely eliminate menstrual cramps.

Say goodbye to mood swings, tension, and irritability with an old favorite—ultra-safe L-tryptophan

According to the TV commercials, Sarafem is meant to help women who suffer from the form of severe PMS, called premenstrual dysphoric disorder (PMDD). But with side effects ranging from headaches and nausea to hallucinations and violence, Sarafem is one of the last medicines I’d ever want to give a young woman. Luckily, there’s a much safer treatment option available for women who suffer from this severe type of PMS: L-tryptophan.

L-tryptophan really is safe, although this essential amino acid was banned in the early 1990s. The FDA forbid over-the-counter sales of L-tryptophan but at the same time required it to be included in amino acid formulas for intravenous use and in infant formulas! The ban obviously wasn’t logical 10 years ago, and it’s still not.

As a quick recap, I should point out that the “problem” with L-tryptophan (which was indeed serious—38 people died) that prompted the FDA to make it unavailable was actually due to contamination. The contaminant was produced due to a mistake in genetic engineering. I won’t deny that contaminated L-tryptophan was a problem; by contrast, uncontaminated L-tryptophan itself is not only safe in commonly used quantities, but it’s also essential to

life. So please don't worry about L-tryptophan's safety.

In one important study, 71 women with PMDD took either L-tryptophan or a placebo from the time of ovulation to the third day of menstruation for three consecutive months. Compared with a placebo, L-tryptophan resulted in significant improvement in mood swings, tension, and irritability. The researchers suggested that increasing the brain's production of serotonin (one of the effects of L-tryptophan) is responsible for this beneficial effect.

This research used 2 grams of L-tryptophan three times daily after meals. In my experience, that much L-tryptophan is hardly ever required to relieve PMDD if it's taken properly and is accompanied by additional nutrients that help relieve other aspects of PMS, including water retention, bloating, and headaches.

Keep in mind that since L-tryptophan competes with other amino acids for absorption, it's absorbed best if taken before or after meals (by at least an hour or more). But unlike most other amino acids, L-tryptophan penetrates into the brain (where it's the precursor for serotonin production); it therefore works best when it's accompanied by a small amount of carbohydrates, such as 2 or 3 ounces of orange juice.

For a combination that eliminates a large majority of PMS symptoms for most woman, take 1,500 milligrams of L-tryptophan (twice daily between meals with a small amount of juice), along with 50 to 100 milligrams of vitamin B₆, 100 to 150 milligrams of magnesium, and for some, 2 grams of gamma-linoleic acid (GLA) daily.

Even though it's a nutrient essential to life, not a patent medication, L-tryptophan is still not available in natural food stores as it was for over 20 years prior to the genetically engineered contamination episode. However, L-tryptophan is available by prescription through compounding pharmacies. For a prescription, check with a physician skilled and knowledgeable in nutritional medicine. If you need a referral to such a physician in your area, contact the American College for Advancement in Medicine, (800)532-3688 or www.acam.org; the American Academy of Environ-

men-tal Medicine, (316)684-5500, www.aaem.com; or the American Association of Naturopathic Physicians, (866)538-2267, www.naturopathic.org.

The vitamin cure for heavy menstrual bleeding most doctors don't even know about

If you're a woman who has abnormally heavy menstrual bleeding, you're probably all too familiar with the inconvenience caused by your period each month. The clotting and cramping that often accompany this heavy bleeding may be painful; there's a risk for anemia from the high blood loss; and, you may just feel weak, tired, or sick for days at a time every month.

Unfortunately, there aren't many effective or appealing treatments for this problem. And, in some cases, the mainstream recommendations just don't work. One option is to go on the birth control pill, which means pumping your body full of synthetic hormones. Another is to undergo dilation and curettage, often referred to as a "D&C." This procedure involves scraping the uterine lining: not at all pleasant, and it doesn't even work in the majority of cases. A third option—if you can call it that—is to undergo a hysterectomy.

Obviously, most women would prefer to try a natural line of treatment before resorting to any of those mentioned above. But unfortunately, most doctors just don't know that there is one.

I've been using vitamin A with tremendous success to treat heavy menstrual bleeding since 1977. I recommend 50,000 units of vitamin A (not beta-carotene) daily, and have found that the majority of women return to a normal bleeding pattern in just one or two months.

Although the original research found that 50,000 units of vitamin A daily was effective when given for 15 days, I recommend at least 30 days at this amount. Then, you can reduce the amount to 15,000 to 25,000 units daily to prevent recurrence.

Of course, you should first be checked by a gynecologist or family doctor for fibroids and/or other structural or functional abnormality before trying any line of treatment.

Chapter 5

Remarkable solutions to some of the most painful female problems

Many women develop fibrocystic breast disease, which is characterized by painful cysts in the breasts. In the 1970s, I learned from Dr. John Myers (one of the pioneering researchers in the use of trace elements) that iodine can minimize and possibly eliminate even the most severe cases of fibrocystic breast disease. In minor to moderate cases, 6 to 8 drops of SSKI taken daily in a few ounces of water will frequently reduce fibrocystic breast disease to insignificance within three to six months.

Painful breast lumps relieved in 10 minutes with two minerals

I've seen remarkable results even in patients with very severe fibrocystic breast disease—sometimes there's improvement in as little as an hour or two. In these very severe cases, I use a form of iodine called Lugol's solution, which is applied to the vaginal area and cervix. Then, the iodine application should be followed almost immediately by an injection of magnesium sulfate. In one particularly amazing case, a patient of mine named Jenny had her swelling and tenderness go down noticeably just 10 minutes after she received this treatment.

Of course, you'll need a doctor's help with both of these steps (for a referral, contact the American College for Advancement in Medicine at 800-532-3688 or www.acam.org).

If you have fibrocystic breast disease, the other thing you need to do is cut caffeine out of your diet entirely. It isn't enough just to cut back on coffee; you really need to completely avoid coffee, sodas, tea, chocolate, and even painkillers that contain caffeine. I also generally recommend taking vitamin E, extra vitamin B₆, primrose or black-currant oil, and selenium. It's also a good idea to include a high-potency vitamin-mineral combination in this program too.

Testing for fibrocystic breast disease and treatment using SSKI requires the help of a physician skilled and knowledgeable in nutritional and natural medicine, who can also help with monitoring thyroid function. (Although problems occur rarely, SSKI can cause thyroid suppression when used over a long period of time.)

Shrink uterine fibroids and ovarian cysts without surgery or years of waiting

Over the past 30 years, I've also used SSKI to treat at least 30 women—one of them my own daughter—for ovarian cysts. These cysts usually disappear within two to three months using the same quantity of SSKI mentioned above for breast cysts (6 to 8 drops stirred into a glass of water).

Conventional medicine only offers two treatment options for patients suffering from uterine fibroids: "wait until menopause and they'll go away," or have them removed surgically. Neither option offers much appeal or comfort. But there has been significant success with a treatment that consists of a traditional Chinese herbal formula known in Japanese as Keishi-bukuryo-gan (KBG) and in Mandarin as Kueichih-fui-ling-wan. The formula improved 47 out of 110 cases, and normalized 21 in a study conducted on premenopausal women ranging from 27 to 52 years of age. The women were treated with the equivalent of 22.5 grams per day for 12 weeks or more. These women had symptomatic uterine myomas all less than 10 cm in diameter. The authors concluded that in young women who wished to remain fertile, and in women just before menopause, KBG treatment may be a good first choice.

Any compounding herbalist can put this formula together for you, especially herbalists familiar with traditional Chinese medicine. It's also available through the Tahoma Clinic Dispensary (425-264-0059; www.tahoma-clinic.com) as "Gui formula."

Report #6

**The Astonishing Eggplant
Cure for Cancer**

By Jonathan V. Wright, M.D.

The Astonishing Eggplant Cure for Cancer

Would you believe that studies have shown that an extract from eggplant can cure—that's cure, not just improve—the majority of skin cancers, usually in two to three months or less? This may seem like groundbreaking information, but researchers have known about it for nearly 20 years.

Actually, extracts from plants of the Solanaceae family, (which includes eggplant, tomato, potato, "Bell" peppers, and tobacco) were reported effective for treating cancer as long ago as 1825. But scientific investigation of these anti-cancer effects didn't happen until the second half of the 20th century, and the first few years of the 21st.

Results in no-time flat

The first reported study compared the effects of a topical eggplant extract called BEC with a placebo on two different types of skin cancer—basal cell and squamous cell—and actinic keratosis, a condition characterized by small, rough, yellow or brownish patches of skin that almost always occur on sun-exposed skin of individuals over 50.

Thirty individuals had basal cell cancers, usually a form that spreads locally if untreated. All 28 of the patients using BEC had complete regression of all of their basal cell cancers (some had more than one) in three to 13 weeks. None of the patients using placebo had improvement after 14 weeks.

Twenty of the volunteers had squamous cell cancers, a form which starts and spreads locally but can metastasize. Again, all of the patients using BEC (20 this time) had complete regression of their squamous cell cancers in three to 11 weeks. There were no placebo treatments in this group.

The actinic keratosis group experienced the same effects: Of the 24 in the BEC-treated group, 100 percent had complete regression, this time in just one

week to a month. None of the 12 patients using placebo had any improvement at all in 14 weeks.

In another small study, which used a slightly different version of BEC called BEC2, 13 individuals with 24 basal cancers had 83 percent of those cancers completely regress in less than two months. Five people with squamous cell cancers also had 83 percent of their cancers completely regress within one to three months. And eight individuals with actinic keratoses had 100 percent regression in just two to six weeks.

Cost-effective and non-invasive

In a letter dated April 23, 2002, Drs. Rino Cerio and Sangeeta Punjabi of the Dermatology Department of the Royal London Hospital describe their experience participating in trials using a form of the extract called BEC5 to treat both invasive and non-invasive forms of basal cell carcinoma. The first was a placebo-controlled, double-blind, multi-centered study of 94 patients. The second trial with 41 individuals was done only at Royal London Hospital, and was mostly to assess safety, so no placebo was used. The doctors reported that in both trials, approximately 78 percent experienced complete regression within eight weeks.

The doctors noted that with twice daily use, only a few patients reported skin irritation and redness. They pointed out that the cosmetic outcome is "comparable to that resulting from surgical excision."

The doctors concluded: "In our view and experience BEC5 is a topical preparation which is safe and effective, ideal therapy for outpatient treatment... It is a cost-effective treatment for both primary and secondary skin cancer care."

And follow-up research on patients who have used BEC shows that once their cancer or actinic keratosis goes away, it doesn't recur.

The “backdoor approach” to cancer treatment

BEC5 is a name for a mixture of 1/3 solasonine and 1/3 solamargine in the “triglycoside” form, and 1/3 “diglycosides and monoglycosides” of these two basic molecules.

Solasonine and solamargine themselves are actually very similar (but not identical to) human cholesterol and steroid molecules.

By themselves, solasonine and solamargine don't have anti-cancer activity because they can't penetrate into cells, cancerous or normal. That's why just eating the foods that contain these compounds won't eliminate your skin cancer or even reduce your risk of getting it.

In order for them to be effective, they need to be able to get into the cells. That's where the glycosides come in.

Glycoside is a term used to describe molecules with various simple sugars attached to them. One of these simple sugars, called rhamnose, selectively latches on to receptors present only in skin cancer cell membranes and in actinic keratosis. When you combine the solasonine and solamargine with rhamnose, they can get into the cells where they cause cancer cell death by destroying cell components called lysosomes.

Normal cells escape any harm, since the BEC5 can't get into them.

80,000 success stories

According to Dr. Bill Cham, who has developed BEC since the 1980s, BEC5 is effective at extremely low doses and is safe to use even very frequently.

Dr. Cham writes: “BEC5 is applied at least twice daily to the skin and may be applied much more frequently if rapid regression of the tumor is required. Some patients apply [it] up to 10 times daily. The cosmetic results after using BEC5 are very impressive and over 80,000 patients have now used BEC5 successfully.”

Also, please note that BEC5 does not contain the part of the eggplant that can cause “nightshade sensitivity” in arthritis sufferers.

You can get BEC5 from the Tahoma Clinic Dispensary (888-893-6878, www.tahoma-clinic.com), or on-line from International Anti-aging Systems (www.antiaging-systems.com).

Remember: What's reported here are preliminary research results concerning BEC5 and squamous cell cancer, basal cell cancer, and actinic keratosis. Even though these results are very good, they may not apply to you.

As always, consult with a physician skilled and knowledgeable in nutritional and natural medicine if you'd like to try BEC5. And since skin cancer (especially squamous cell cancer) can be very dangerous if neglected, it's always wisest to consult a dermatologist, too.

Report #7

The Miracle Mineral

***(and other natural wonders for
tackling everything from heart
disease to toenail fungus)***

By Jonathan V. Wright, M.D.

The Miracle Mineral

***(and other natural wonders for
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Chapter 1

The miracle mineral: Clearing up everything from acne to arteriosclerosis

Can you imagine drinking dirty, contaminated water right from a river? In most cases, you'd have a lot more to worry about than a case of infamous "Montezuma's revenge." Depending on what part of the world the water is in, it could be infested with all sorts of disease-triggering bacteria (cholera comes to mind, but that's just one example). But despite all this danger, I have a friend, a retired Indian physician, who likely drank contaminated water for 30 years while he traveled from village to village in Africa—and he never got sick once. All he did was add a few drops of a common solution (after straining the sediment and debris through a cheesecloth, of course) two or three minutes before he drank it.

It sounds preposterous, I know. But it wasn't some "magic potion" brewed up by an exotic shaman that he used to disinfect his water—it was plain old iodine. Fortunately, the water available in the places most of us travel to is considerably cleaner, but, to be on the safe side, when my wife Holly and I travel, we always carry a small bottle of potassium iodide, a form of iodine combined with molecules of potassium and usually referred to by its abbreviation—SSKI. We put one or two drops into any water we're not absolutely sure about.

You probably remember iodine as the orange liquid your mother put on any cuts or scrapes you came home wearing like a badge of honor as a child. But as you're probably already guessing, iodine's potential goes far beyond being a simple disinfectant. There are literally dozens of uses for iodine and SSKI—and most of them are ones you'd never expect.

Iodine, iodide, SSKI, what's the difference?

Before we get into SSKI's other healing benefits, I thought I should take a minute to clarify what exactly this substance is, and how it's different from plain, old iodine. Iodine is a basic element, like calcium, zinc,

oxygen, etc. The word "iodine" usually refers to two iodine molecules chemically "stuck together" (I_2), just as the word "oxygen" usually refers to two oxygen molecules "stuck together" (O_2). Since pure iodine is more reactive to other elements, it's more likely to cause problems, so iodine is usually used as "iodide," a word that refers to one iodine molecule combined with another molecule—often potassium (KI). So, even though they're not technically the same, for simplicity's sake, I've used the terms iodine and SSKI interchangeably in this chapter of the report (though always meaning SSKI unless noted otherwise).

The "SS" in "SSKI" refers to "saturated solution of potassium iodide." If you've read or heard anything at all about potassium iodide, it's probably been in association with terrorist attacks or nuclear power plant disasters. Potassium iodide (usually taken in tablet form) is recommended by public health authorities to protect the thyroid gland against accumulation of radioactive iodine that would be released by an atomic bomb or by a nuclear power plant meltdown. But in reality, potassium iodide is very effective for lots of less drastic scenarios and is a home remedy with literally dozens of uses.

The germ-killing travel companion no one should be without

Holly and I have cut back considerably on airline travel this year because of the thoroughly disagreeable "airport Gestapo" experience. But even without all that, there are plenty of other unpleasant realities that go along with air travel. For example, when you sit in the cabin of an airplane for several hours (or more), you're breathing recycled, germ-laden air. That's why it's not uncommon to come down with a respiratory infection ("airline sinusitis") following a flight. So when we're forced to travel by air, Holly and I drink a few ounces of water with 10 drops of SSKI. The SSKI rapidly accumulates in any and all body secretions, including in

the sinuses, where it inhibits or kills bacteria, viruses, and fungi before they can cause an infection.

There have also been times when we've gotten to our destination—usually a conference somewhere—and one of the women in attendance comes to me with the embarrassing and uncomfortable symptoms of a bladder infection. Certainly not the sort of infection you want to catch when you're far away from home (and your doctor). Luckily, I always carry a small "backup" bottle of SSKI, which I give to her with instructions to take 10 to 15 drops in water or juice every three to four hours (while awake) until the infection is gone.

SSKI is close to 100 percent effective in eliminating bladder infections, but the amount needed is a relatively high dose, so it's important to use it with caution. Make sure to read the sidebar "Using SSKI safely" on page 4.

So far, I've been telling you about SSKI's ability to kill germs in one place or another. We'll return to this important home remedy use for SSKI, but for now let me tell you about some of its other uses.

End years of suffering with painful breast and ovarian cysts in as little as three months

Many women develop "fibrocystic breast disease," which is characterized by painful cysts in the breasts. In the 1970s, I learned from Dr. John Myers (one of the pioneering researchers in the use of trace elements) that iodine can minimize and possibly eliminate even the most severe cases of fibrocystic breast disease. In minor to moderate cases, 6 to 8 drops of SSKI taken daily in a few ounces of water will frequently reduce fibrocystic breast disease to insignificance within three to six months.

I've seen remarkable results even in patients with very severe fibrocystic breast disease—sometimes there's improvement in as little as an hour or two. In these very severe cases, I use a form of iodine called Lugol's solution, which is applied to the vaginal area and cervix. Then, the iodine application should be followed almost immediately by an injection of magne-

sium sulfate. Of course, you'll need a doctor's help with both of these steps (for a referral, contact the American College for Advancement in Medicine at 800-532-3688; www.acam.org).

Over the past 30 years, I've also used SSKI to treat at least 30 women—one of them my own daughter—for ovarian cysts. These cysts usually disappear within two to three months with the same quantity of SSKI mentioned above for breast cysts.

But please do not use this treatment for either of these conditions without monitoring your thyroid function (see "Using SSKI Safely" on page 4). Testing for fibrocystic breast disease and ovarian cysts and treatment of them using SSKI requires the help of a physician skilled and knowledgeable in nutritional and natural medicine, who can also help with monitoring thyroid function.

It's very likely that SSKI helps eliminate fibrocystic breast disease and ovarian cysts at least partly through its interaction with estrogens... which brings me to another important use for SSKI. Various forms of iodine, including SSKI, can help your body to metabolize estrone (a slightly carcinogenic human estrogen) and 16-alpha-hydroxyestrone (a much more dangerous metabolite of human estrogen) into estriol, an anti-carcinogenic—or, at worst, neutral—form of human estrogen. I've reviewed literally hundreds of hormone tests in over 26 years—all of which have proven this point.

Iodine's benefits may save you the pain and embarrassment of some sensitive conditions

"But what ever happened to the old way iodine was used?" you might wonder. "What about applying it to my skin? Does it have any benefits that way?" It's a good question with an even better answer—a resounding yes.

Iodine has just as many topical applications as internal, and the results are just as great. In fact, some of the topical applications might save you from the continued pain and embarrassment of some rather sensitive (and I mean that in every sense of the word) conditions.

Mainstream medicine has plenty of options for people with hemorrhoids—over-the-counter creams, pads, and ointments, those inflatable "donuts" to sit

on, and, of course, surgery. Unfortunately, the less drastic ones aren't very effective, and the more drastic are just that—drastic. But my colleague Richard Kunin, M.D., (a world-class expert on the use of SSKI and other forms of iodine) has found that hemorrhoids will disappear—sometimes literally overnight—when a mixture of 20 drops of SSKI and 1 ounce of flaxseed oil is applied to them at bedtime. SSKI alone will do the same job, but Dr. Kunin's patients have reported that it “really stings” when applied by itself.

This loosening of thickened tissue also works for scars, especially keloids, which are abnormally thick (sometimes up to an inch) scars. Rubbing SSKI into a keloid at least twice daily will ultimately flatten it down to a normal scar. But patience really is a virtue here: It can take many months to a year for particularly bad ones. You can help the treatment go a bit faster if you mix SSKI “50-50” with a substance called dimethyl sulfoxide (DMSO), which is available in most natural food stores and even some pharmacies.

The pictures are worth a thousand words: SSKI fights cholesterol buildup and unclogs arteries

Over 30 years ago, two ophthalmologists observed that when they gave patients a combination tablet called “Iodo-niacin” (which contained 120 milligrams of iodide and 15 milligrams of niacin) and instructed them to take it for several months, the supplement actually reversed atherosclerotic clogging of arteries. And it's hard to argue with their proof: They took pictures of clogged arteries in the backs of the eyes before and after treatment. The published “after” photographs showed a significant lessening of the cholesterol-laden artery clogging.

Amazingly enough, no follow-up study has ever been published (probably because niacin and iodide aren't patentable). But the published pictures speak clearly for themselves.

I learned about iodine's power to help “dissolve” oils, fats, and waxes (cholesterol is actually a wax) way back as a pre-med student. The famous Harvard chemistry professor Louis Feiser made a point of

demonstrating this to my classmates and me, and he urged us to remember it in our medical practices (he told us he was sure it wouldn't be taught in medical school—he was right).

I took Professor Feiser's advice to heart and still recommend 4 to 6 drops of SSKI and a niacin-containing B-complex vitamin as part of a daily supplement regimen for anyone with significant cholesterol-related clogged arteries.

From toenail fungus to pimples: Get rid of those nagging, bothersome problems once and for all

Now, let's move on to some bothersome conditions that just about all of us have experienced at one point or another—and I'll tell you how SSKI can help.

When my children were teenagers, they always knew where to find the SSKI bottle. Whenever one of them got a pimple, she or he knew to rub SSKI into it every hour or two. The offending “zit” disappeared in 24 to 48 hours or less (and let me tell you—this approach saved the day for more social events than I can count).

Then there's infected hangnails. Most people never even think to try to “cure” them, but they're very easy to clear up (as are nagging bacterial infections around the edges of the toenails) by applying the 50-50 SSKI/DMSO mixture to them. Rub in the mixture several times daily, and the problem's usually gone in a few days. Cold sores (and other herpes outbreaks) can be stopped cold in the same way, but it often takes longer for the sore to heal itself over.

Toenail fungus is one of those annoyingly persistent conditions that just doesn't seem to respond well to many treatments. Even conventional antifungal drug treatment takes months to work, and using them means you need to have monthly liver function tests for safety reasons. The SSKI and DMSO mixture doesn't work any faster, but it's just as effective as antifungal drugs—and definitely safer. Rub it on, around, and under the affected toenails. And make sure to wear old socks, because SSKI and other forms of iodine leave an orange-brown stain. (If you really don't want to ruin

your socks, you can also use oregano, geranium, or tea tree oils mixed with DMSO for toenail fungus.)

SSKI can also help clear up vaginal infections. Twenty to 30 drops in water, used in a small “douche” once daily for five to 10 days will usually do the job. (There’s actually a prescription-only iodine preparation available for vaginal infections, too.) However, iodine preparations of any sort for vaginal infections aren’t usually very popular because of the inevitable orange-brown stains they leave on clothing.

And last, but not least, there’s also a gastronomic use for SSKI. I’m sure you know the little song (popular among most 10-year-olds): “Beans, beans, they’re good for your heart. The more you eat, the more you...” well, you know the rest. It might be a silly and slightly crass song, but it does speak the truth! But, sure enough, SSKI can help reduce the gas we all get from eating beans. If you soak beans before cooking them, add 1 or 2 drops of SSKI, and let them soak for another hour or so. (Make sure to rinse them and use fresh water for the actual cooking process). You’ll be surprised at how much less gas you feel later. (For those who want a technical explanation: There’s a naturally occurring enzyme inhibitor in

beans that interferes with starch digestion—this is what produces gas. SSKI inactivates this enzyme inhibitor.)

Getting your hands on this all natural “cure-all”

By now you’re probably wondering why—with all of its benefits—you haven’t heard or read much about SSKI. Well, basically, it all boils down to the fact that the FDA forbids companies from making “claims”—even truthful ones—on product labels or advertisements. Unless, of course, they’re paid an enormous amount of money (in the neighborhood of \$250 million) for “approval.” Since SSKI can’t be patented, and no one can make back all that money they paid for approval... well, you know how it works.

SSKI can be obtained without prescription in some compounding pharmacies, some health food stores, from on-line sources, and through the Tahoma Clinic Dispensary (with which I am, of course, affiliated) in a convenient travel-size dropper bottle. To locate a compounding pharmacy near you, contact the International Academy of Compounding Pharmacists (800-927-4227; 281-933-8400; www.iacprx.org).

Using SSKI safely: Three important things you need to know

As you’ve read, SSKI has enormous potential benefits. But there are three hazards you need to know about when using it: staining, allergy, and a very small possibility of thyroid suppression with long-term use.

Staining can be a big nuisance, but it’s not a health hazard. When SSKI is applied to skin, it can leave a faint to moderate orange-brown color, which fades away once SSKI is no longer being applied.

Iodine allergy is possible, although, in nearly 30 years of medical practice, I’ve only seen it maybe a handful of times. Usually, it causes a red, bumpy skin rash, which is almost never a seri-

ous emergency. The rash generally goes away after SSKI or other iodine use is discontinued.

But if you’re still worried or if there’s any suspicion at all of iodine allergy, it’s best not to use it without testing for the allergy.

The last precaution for you to be aware of is suppressed thyroid function. Many of the uses described for SSKI in this chapter are short term, from a few days to a week or two. If you stop using SSKI at that point, there’s almost no chance of significant thyroid suppression. However, if SSKI is to be used for two to three weeks or longer, and especially if it’s to be used continuously, monitoring

thyroid function is very important. A physician can help you order and interpret thyroid function tests.

A final safety note: If you use SSKI or other iodine long term, make sure your diet contains plenty of essential fatty acids (both omega-3 and omega-6) as well as the amino acids methionine and cysteine. If you eat meat or other animal protein on a daily basis, you’re probably getting enough of these two amino acids, but if you’re vegetarian (or close) and using long-term SSKI, then be sure to take 300 to 500 milligrams of each daily.

Chapter 2

Beat Diabetes with this miracle spice!

Diabetes is in the news quite a bit these days. It's becoming more and more common, and odds are you know at least one person with the disease and may very well be at risk yourself. Finding effective methods of treatment and prevention for diabetes in the face of this potential epidemic is more important than ever.

Luckily, there's an all-natural, great tasting, completely underused treatment that can help prevent type 2 diabetes as well as help treat existing type 1 and type 2 diabetes (both of which are often treated with either an oral medication and/or insulin). Don't expect to hear about it from your "friendly" neighborhood patent medicine salesman or, in all likelihood, even from your doctor. It's non-prescription, cheap, unpatentable cinnamon! The risks involved with this treatment are small, and it's well worth considering both for current diabetics and for those with a high risk of developing the disease.

Just a spoonful of this common spice can help stave off type 2 diabetes

A few years ago, a small flurry of news reports (many found on the Internet) revealed that a research team led by Dr. Richard Anderson had isolated a part of cinnamon (a flavonoid called "methylhydroxycalcone polymer," or MHCP) that closely mimics insulin activity. The researchers observed that a combination of MHCP and insulin worked synergistically (meaning they were more effective when used together than when either one was used on its own) in regulating glucose metabolism.

The research team worked with cell cultures to examine the effects of MHCP on a series of enzymes known to be affected by insulin. Results showed that MHCP affected these enzymes in a very similar (although not precisely the same) way as insulin. The researchers concluded that although there were noticeable differences between the responses MHCP and insulin can have on regulating sugar metabolism, the benefit of combining the two therapies is clear. They also noted that MHCP

does mimic insulin and that, in most instances, MHCP can work alone—without the presence of insulin. (For more information on Dr. Anderson's MHCP research, refer to the *Journal of the American College of Nutrition*, volume 20, issue 4, pages 327-356.)

One of the possibly overlooked but successful areas for cinnamon/MHCP use is in preventing type 2 diabetes before it ever begins in those who are considered at increased risk.

Cinnamon may eliminate the need for diabetes drugs

Cinnamon/MHCP might not only help control blood sugar but also, when combined with appropriate diet, exercise, and other supplementation, make patent medications and their myriad adverse effects (including significantly increased cardiovascular mortality and occasional deaths from other causes) totally unnecessary.

Individuals with type 2 diabetes who aren't using patent medications should also consider this addition to their diet, exercise, and supplement plan. If you have a mild case of diabetes, it's quite possible that your blood sugar level will normalize simply by using cinnamon or MHCP. At the very least, it should improve. And in either circumstance, using cinnamon or MHCP should postpone or even help prevent progression of type 2 diabetes and its complications. Of course, it's wisest to always work with a physician who can monitor your progress and help you withdraw from any patent diabetes medication you may be taking. For a referral to such a physician in your area, contact the American College for Advancement in Medicine (800-532-3688; www.acam.org).

Type 1 diabetics can reduce insulin dependence

Since insulin and MHCP have been found to be synergistic, taking MHCP or whole cinnamon should make it possible to regulate blood sugar with less insulin. Some complications of type 1 diabetes may

come from insulin use itself, so using less insulin while maintaining blood sugar control could be beneficial. In cases of type 1 (insulin-dependent) diabetes, it's definitely wisest to work with a physician whenever trying to taper down insulin usage.

Before you start sprinkling it on...

Seeing is believing

How do you know if you're at risk for type 2 diabetes? Well, here are some of the physical symptoms to look for on your body that might be trying to warn you that diabetes is on its way.

- **Shin spots.** Slow-spreading, brownish-red (occasionally yellowish) discolorations on the shins are often an early warning sign of impending adult onset (type 2) diabetes.
- **Skin tags.** As the name aptly describes, they're "tags" of skin most frequently found on the neck, under the arms, and in the groin area, and they're a common occurrence on adults.
- **Dupuytren's contracture.** This condition occurs when the connective tissue under the skin of the hand begins to thicken and shorten. As the tissue tightens, it may pull the fingers down towards the palm of the hand.
- **Excess weight.** Obesity is probably the most widely known physical symptom for type 2 diabetes, and it's usually the easiest to spot. If this is a problem for you, make sure to carefully examine your body for the other symptoms as well.

In addition to the symptoms you can actually see on your body, you should also be aware of some internal risk factors for type 2 diabetes—namely, high blood pressure, elevated cholesterol and triglyceride levels, and, of course, family history of the disease. While these factors may not put you at risk on their own, combined with the other physical signs they can be additional clues as to whether type 2 diabetes may be in your future.

Dr. Anderson noted in his research that all species of cinnamon and numerous bottles of commercial cinnamon were tried and that they all worked to help regulate glucose metabolism in his research teams' experiments.

Coupled with the widespread availability of self-monitoring devices for blood sugar measurement, it isn't hard to tell if cinnamon or MHCP is helpful. However, keep in mind that whole cinnamon, like most plants and other living things, has both fat-soluble and water-soluble fractions. There is some evidence that high levels of the fat-soluble fractions of cinnamon could be cause for concern. Some researchers have found that substances in the fat- (and oil) soluble fractions of cinnamon may be both carcinogenic and genotoxic (damaging to genes, and leading to an increased risk of both cancer and birth defects). Fortunately, these risks are easily avoidable, and you can still get all the benefits of cinnamon just by taking a few simple steps.

Dr. Anderson has observed that essentially all toxic materials in cinnamon are fat soluble. He simply recommends that, to be safe, anyone using more than 1/4 to 1 teaspoonful of whole cinnamon daily first boil it in water, then pour off the resulting watery solution for use, and discard the solid remainder, which would contain the fat- and oil-soluble fractions. Since MHCP is water-soluble, it's still readily available in the watery solution poured off after boiling the cinnamon.

A helpful hint for actually going about separating the oils and fats on the surface of the water: Try pouring the water through a cheesecloth (cheesecloths are available in many supermarkets and other cooking-supply stores).

If you prefer not to take these steps, but still want to try this natural approach to controlling diabetes, you can avoid the potential hazard of whole cinnamon by using the cinnamon derivative, MHCP.

Since I've needed this tool for many individuals with diabetes or those at risk for diabetes, and since the long-term risks (if any) of whole cinnamon aren't known, I've worked with the Life Enhancement Foundation to make MHCP available in supplement form as

a product called Insulife. A daily amount of Insulife combines approximately the amount of MHCP found in 1 teaspoonful of whole cinnamon with chromium and other nutrients shown to help reduce insulin resistance. Insulife is available through natural food stores, compounding pharmacies, and the Tahoma Clinic Dispensary (425-264-0059, www.tahoma-clinic.com).

Taper down your medications with caution: Work with a physician

If you're already taking insulin or a patent medication for diabetes and you want to try cinnamon or MHCP, it's important to work with a physician who can assist you in safely tapering down the amounts of medication you're using.

Since many conventional physicians may not be familiar with (or may resist) the idea of using even a well-researched natural product (in combination with diet, exercise, and other specific supplementation) while reducing or completely eliminating the need for a patent medication, you may want to consult one of the following groups for a referral to a skilled alternative physician in your area: the American College for Advancement in Medicine, (800)532-3688, www.acam.org; the American Academy of Environmental Medicine, (316)684-5500, www.aaem.com; or The American Association of Naturopathic Physicians, (866)538-2267, www.naturopathic.org.

Chapter 3

The mustard miracle that can wipe out deadly cancers

We all know Grandma was right when she told us to eat our vegetables. Over the last decade or so, researchers have added their findings to Grandma's advice, concluding in one study or another that more vegetables in your diet helps reduce your risk of heart disease, stroke, cancer, and other ailments. So what's new about eating your vegetables? Now it looks like certain kinds might actually be able to cure illnesses, even ones as deadly as cervical and prostate cancer.

Preventing and curing cancer of the cervix

In May 2000, Maria Bell, M.D., revealed study results that pointed to the reversal and apparent cure of a certain type of cervical cancer with a natural substance found in vegetables belonging to the mustard family, including cabbage, broccoli, Brussels sprouts, and bok choy (these are also known as Brassica vegetables).

The natural cancer-fighting substances in these vegetables—*isothiocyanates* and *indoles*—help regulate and improve the 2/16 hydroxyestrogen ratio, which is a proven predictor of all hormone-related cancers (like breast and prostate). In essence, a normal

2/16 ratio means less cancer risk.

In this study, Dr. Bell's group used a specific type of indole, called indole-3-carbinol (I3C), to reverse a significant proportion of cervical cancers.

Results that speak for themselves

Dr. Bell explained that 95 percent or more of all cervical cancer is directly related to infection with the human papilloma virus (HPV). She noted that HPV infection lowers the 2/16 ratio.

So in her 12-week study, Dr. Bell researched 30 women with moderate or severe cervical dysplasia (HPV is thought to play a role in causing cervical dysplasia).

Ten of the women took 200 milligrams of I3C daily, 10 took 400 milligrams of I3C daily, and the remaining 10 took placebos. At the end of the 12 weeks, both I3C groups' 2/16 ratios had gone up, while the placebo group's had gone down. And as for the women's cancer, 50 percent of those who had been taking 200 milligrams of I3C showed complete regression, as did 44 percent of the group taking 400 mil-

ligrams a day. (None of the patients in the placebo group experienced a regression.)

Research also shows dramatic prostate health benefits. In one study, men who ate as few as three servings of Brassica vegetables a week experienced a 41 percent reduction in prostate cancer risk.

Eating your vegetables can help you remain cancer-free

Although the study lasted only 12 weeks, I'd say it's a reasonable prediction that if the women whose cancers regressed continued their I3C and ate Brassica vegetables, their cancers wouldn't return. I think it's also a reasonable prediction eating these vegetables and/or taking I3C regularly may very well prevent a significant proportion of cervical and prostate cancer.

It's also apparent that the 2/16 ratio is a worthwhile risk factor screening tool. Testing your 2/16 ratio is

simple and relatively inexpensive. And, best of all, you can do it from home. All that's required is a small urine specimen that you send to the lab by regular mail. In Washington State, where I'm located, you don't even need a doctor's order for the test.

So as Grandma said, "Eat your vegetables!" And she's right. To help prevent cervical, breast, and prostate cancer, eat cabbage, broccoli, Brussels sprouts, cauliflower, or bok choy three to four times a week. Occasionally, Brassica vegetables can inhibit thyroid function, though, so don't eat more than three or four servings a week for an extended period of time without having your doctor do a thyroid test to make sure everything is running smoothly.

If you do eat right, exercise, take your vitamins, minerals, and botanicals...you may reduce your risk of ever needing cancer treatment at all, nontoxic or otherwise.

Chapter 4

From high cholesterol to sinus infections: Sugar cane miracles that pack a powerful punch

Medicine is filled with irony. Professional dentists, doctors, and many, many moms said for years that sugar rots teeth and is generally just plain bad for you. Well, it turns out that's only partially true. Refined sugar IS very harmful to your health. But there are other sugars—particular simple, natural sugars—that have shown some amazing health-promoting abilities. These sugars appear to protect us from tooth decay, ear infections, bladder infections, asthma, sinusitis, and a host of other health problems—even high cholesterol.

Boost your immune system with polysaccharide power

Simple sugars transmit information, particularly to immune system cells that defend us against infection. When these simple sugars combine in chains along with uronic acid, they're called "polysaccharides."

Polysaccharides cause the immune cells to be much more active and vigilant against bacteria and other germs. They help in both the prevention and the treatment of infection. Echinacea, aloe vera, and many types of mushrooms are all rich sources of polysaccharides.

Beat bladder infections in 3 days or less, naturally

Approximately 90 percent of all bladder infections are caused by E. coli bacteria. (The E. coli I'm referring to here are normal inhabitants of all human and animal intestinal tracts. They are not the same as the food-contaminating, deadly, mutant E. coli O157:H7 bacteria.) And while most physicians will throw a prescription for antibiotics at you, you can eliminate this painful condition in just a few days—without putting your immune system at risk.

As I mentioned in Chapter 1, SSKI is a very effective treatment for bladder and urinary tract infections, but there's also another safe, natural option you might want to consider. The simple sugar D-mannose has the ability to detach *E. coli* from the walls of the bladder without upsetting the balance of the friendly bacteria necessary for good health. After being loosened from bladder walls, the bacteria are then rinsed away by normal urination. The *E. coli* aren't killed; they're simply relocated—"from the inside to the outside"—and the infection is gone.

People who treat their own bladder infections with cranberry juice are, in fact, using a form of D-mannose therapy. Cranberry juice, as well as pineapple juice, contains more D-mannose than other foods. However, the amounts are too low to be significantly effective against serious infections.

For adults, 1/2 to 1 teaspoonful of D-mannose, dissolved in water and taken every 2 to 3 hours, will eliminate almost any bladder infection caused by *E. coli*. It also has the great advantage of tasting very good!

Despite being classified as a "sugar," D-mannose is very safe. Very little of it is actually metabolized by the body. Large doses are washed away in the urine, and the amounts not excreted into the urine are so small that they do not affect blood sugar levels—even in diabetics.

D-mannose is available through compounding pharmacies, as well as many health food stores and alternative medicine practitioners. You can also order it from the Tahoma Clinic Dispensary (425-264-0059; www.tahoma-clinic.com).

Never get stuck with another sinus infection

Another substance that has similar abilities is xylitol ("zye-lit-all"). Xylitol is a natural substance, but it actually looks and tastes like table sugar.

One study found that a solution containing 5 percent xylitol blocks the ability of more than half of all harmful bacteria to "stick" to the tissues inside the back of the nose. As with D-mannose, xylitol prevents the bacteria from infecting you without actually killing it.

Dr. Lon Jones, a physician in Texas, pioneered the use of intranasal xylitol in his medical practice. I've spoken to Dr. Jones, and he tells me that he has seen a 93 percent reduction in ear and sinus infections in his patients when they spray the inside of their noses regularly with the xylitol solution. Not only does the xylitol appear to "unstick" the bacteria that adhere to the cells lining the nose and sinuses but also stimulates the body's normal defensive drainage in the back of the nose (where the bacteria causing these conditions usually live).

Rinse away your allergies—maybe even throw away that inhaler

In addition to stimulating nasal drainage, xylitol spray also removes other pollutants that trigger allergic reactions and consequent asthma attacks. (Asthma can be triggered by infection in the back of the nose and sinuses, other upper respiratory infection, chronic sinus problems, and allergies.)

Dr. Jones' patients control their asthma simply by rinsing away pollutants from the back of the nose on a regular basis. Dr. Jones says that for many of his patients no other asthma medications are needed. This unique nasal spray is available as a product called Xlear (pronounced Klear). Xlear may be available at your own natural food store or compounding pharmacy. It is also available from the Tahoma Clinic Dispensary.

Sink your teeth into this irony: A sugar reduces tooth decay by 80 percent

I've grown rather annoyed with dentistry. Along with everyone else, I've brushed, flossed, and used "water-pressure" devices for my teeth and gums. I haven't knowingly consumed any refined sugar or refined carbohydrates for nearly 30 years. Yet every so often the dentist has informed me it's time to have another filling or two. Furthermore, to this day, no dentist has informed me—or anyone else—of the existence of a simple, safe, good-tasting way to significantly reduce the incidence of dental cavities. Not only does this method exist, but it first appeared in dental and other journals in the 1970s—and there's now no question at all that it really works.

Now, it's not that hazardous (but politically correct)

toxic waste byproduct, fluoride. So what is it? Believe it or not, it's xylitol—the same derivative of a natural, simple sugar that I mentioned above for sinus infection, allergy, and asthma relief.

You see, xylitol can prevent cavities because cavities are caused by the bacteria *Streptococcus mutans* (*S. mutans*).

Dr. John Peldyak, a dental researcher from the University of Michigan who has been involved in most of the dental research with xylitol in this country, has summed up the results of the past 25 years of clinical studies involving xylitol and tooth decay: Chewing xylitol gum once a day provides little protection. Twice a day reduces tooth decay by 40 percent. Three times a day, by 60 percent, and five times a day—80 percent.

Chewing gum containing xylitol is available through many natural food stores and compounding pharmacies, as well as through the Tahoma Clinic Dispensary or through Xlear Inc. (877-599-5327; www.xlear.com). If you have dental work that doesn't permit chewing gum, a variety of all-natural xylitol lozenges are also available.

The sweet secret for effectively lowering cholesterol levels: A sugar cane extract more potent than statin drugs

Heart disease has become one of the primary health concerns in this country, and the use of cholesterol-lowering drugs has become almost commonplace. Chances are you or someone you know is taking one.

Since these products mean big business for big-name patent medicine companies, it's no wonder that news of the natural alternative to these drugs has remained unknown to the general public.

However, clinical trials of one natural substance show that it offers even better results than prescription drugs at lowering overall cholesterol and triglyceride levels while raising levels of HDL (good) cholesterol and protecting against blood clotting. And it offers all of these benefits with virtually no side effects—at less than half the cost of prescription statin drugs. This amazing substance is a fraction of sugar cane, called

policosanol, and it may actually eliminate your need for cholesterol-lowering prescription drugs.

Policosanol is a group of eight to nine “long-chain alcohols” (solid, waxy compounds). Research is accumulating to show that policosanol is more effective than the most “popular” (among mainstream doctors) patent medicines for lowering total cholesterol and triglyceride levels. As added bonuses, policosanol helps to prevent strokes by inhibiting platelet aggregation and abnormal blood clotting and may lower blood pressure. And unlike the popular patent medications, policosanol has virtually no side effects, and does not seriously interfere with our bodies' ability to produce coenzyme Q₁₀ as the patent statin medications do.

Unlike some other supplements (whose claims are supported solely by traditional wisdom or laboratory tests), policosanol has demonstrated its abilities in human trials—trials that compared its performance head to head with top-selling statin drugs. As you will read, policosanol rivaled and even outperformed the statins.

Policosanol vs. Mevacor (lovastatin). In a randomized, double-blind, placebo-controlled study, 53 volunteers with type 2 diabetes and high cholesterol were asked to follow a lipid-lowering diet for six weeks.¹ After that, the patients were divided into two groups. One group was given 20 milligrams of Mevacor daily, while the other group was given 10 milligrams of policosanol daily for 12 weeks. While both groups experienced lowered total cholesterol, the policosanol group's LDL cholesterol dropped 4 percent lower than the Mevacor group. Also, the policosanol group's HDL levels rose nearly 8 percent, compared to a 3 percent drop in the Mevacor group. But the most exciting results occurred in the triglyceride levels. Policosanol caused an 18 percent drop in triglycerides. Mevacor offered only a 0.5 percent drop.

Policosanol vs. Zocor (simvastatin). In another study, 53 individuals with “primary hypercholesterolemia” (high cholesterol not linked to diabetes or other known metabolic problems) first followed a lipid-lowering diet for six weeks.² After that, they were “randomized” to take either 10 milligrams of Zocor or 10

milligrams of policosanol daily for eight weeks. Again, both groups experienced overall lowered cholesterol levels. However, triglyceride levels in the policosanol group were 5 percent lower than those in the Zocor group.

Policosanol vs. Pravachol (pravastatin). In this trial, 68 people with "type 2 hypercholesterolemia" (a very common type) and "high coronary risk" were first asked to follow a low-fat diet for six weeks.³ After the six weeks, the participants were divided into two groups, one of which took 10 milligrams of policosanol daily, and the other took 10 milligrams of Pravachol daily, both for eight weeks. Policosanol offered better results in all areas, lowering LDL levels 4 percent more than Pravachol, lowering triglycerides 11 percent more, and raising HDL levels 18 percent—13 percent more than Pravachol.

High blood pressure is another marker of cardiovascular disease, and, as such, is subject to monitoring and—all too often—prescription drug treatment. Fortunately, the benefits of policosanol extend to this arena as well.

In the Mevacor study mentioned above, policosanol lowered blood pressure by what the researchers termed "a mild but significant" degree. Systolic blood pressure (the "upper" number) dropped by approximately 8 points, and diastolic blood pressure (the "lower" num-

ber) fell by roughly 3 points. Both numbers actually went up with Mevacor. In the Zocor study, the policosanol group showed statistically significant lowered blood pressure levels (an 8 point drop in systolic and a 4 point drop in diastolic). The Zocor group did not show statistically significant results.

Policosanol does not require a prescription and is widely available in natural food stores, compounding pharmacies, and various on-line sources in 10- and 15-milligram capsule form. Although other strengths are also available, a single 15-milligram capsule daily appears to be enough for most uses. Policosanol is also available through the Tahoma Clinic Dispensary (425-264-0059; www.tahoma-clinic.com). Prices vary widely, so shop around. I have no financial connection with any manufacturers or suppliers of policosanol, although I am, of course, connected with the Tahoma Clinic Dispensary.

Please note: If you are already taking a prescription cholesterol medication, you should consult your doctor before making any changes.

¹ Crespo N et al. *Int J Clin Pharm Res* 1999; XIX(4): 117-127

² Ortensi G et al. *Curr Ther Res* 1997;58(6): 390-401

³ Castano G et al. *Int J Clin Pharm Res* 1999;XIX(4): 105-116

Report #8

**New Secrets for Healing
Your “Incurable” Hurts**

By Jonathan V. Wright, M.D.

New Secrets For Healing Your “Incurable” Hurts

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Introduction

Natural medicine has "arrived," hasn't it? Advertisements for vitamins and herbs are routinely aired on television and radio and appear in our newspapers. TV doctors who criticized vitamins just a few years ago are now promoting their own vitamin lines. The term "integrated medicine," descriptive of the blended use of drugs, surgery, and natural medicine, has become common. Perhaps most importantly, university research teams nationwide have begun to "discover" and "prove" one or another aspects of the dietary, vitamin, or herbal approach to health care.

All of this is tremendous progress toward our becoming healthier individuals and a healthier nation. Still, we've just barely started to turn the corner in the United States from the 20th century's governmentally backed emphasis on patent medicines, radiation, surgery, and chemotherapy.

Most of natural medicine is still an unexplored frontier for all but a few pioneers. The government's attempts to keep certain studies and research quiet could be keeping you from getting the information you need to save your own life, not to mention information on leading a better, longer life by eliminating the effects of premature aging and recurrent infection and pain.

In many cases you'll find that there are natural, inexpensive, non-prescription remedies for many of the common illnesses that most people get written prescriptions and long, involved treatments for at the doctor's office.

Chapter 1

Seeing is believing: Real help for macular degeneration and cataracts

Macular degeneration is not an incurable disease, no matter what you hear from most doctors or read in mainstream media. I've been treating patients with this condition since 1985 and have found a way to preserve and restore vision in 70 percent of the cases.

I know it's hard to believe, but I first published case studies concerning recovery of vision in patients with macular degeneration in the *Journal of Nutritional Medicine* in 1990. So why isn't this treatment better known and much more widely used? As usual, the answer is that it's unpatentable. Pharmaceutical companies aren't interested, and government grants are made available almost entirely to test mainstream medical theories. So there aren't any controlled trial results to make mainstream medicine happy...and there isn't any money

given to natural medicine to do the testing. It's a vicious cycle, with patients getting the short end of the stick.

But despite the absence of controlled research, macular degeneration is an important and prevalent health problem. This disease involves degeneration of the center of the retina, which is called the macula. The macula is the part of the eye capable of our most detailed vision. We use it for reading, driving, recognizing faces, watching television, and all precise work. Macular degeneration is the leading cause of legal blindness in people over 55 and affects 9 percent of us over 70 (according to one prominent eye journal).

After working with many patients who suffer from age-related macular degeneration (ARMD), I've dis-

covered that it isn't only a problem with our eyes, it's actually a digestive problem too.

I first uncovered this link in 1984 when treating a patient. From there, I began noticing that my other patients with macular degeneration almost always had low levels of hydrochloric acid and lacked enough pepsin to digest their food properly. (In fact, a lot of them don't make any hydrochloric acid at all.) Without it, protein isn't broken down into amino acids effectively, and minerals aren't separated from the foods as well as they could be. This is why, as much as we all hate needles, many people respond so much better to treatment with intravenous injection of nutrients rather than just swallowing supplements.

Since the mid-1980s, I've started everyone with macular degeneration on IV treatments, simply because more people get better—and sooner, too. If all the digestion tests come back normal (which is unusual) then I consider going to an all-oral treatment. We usually start as soon as tests are done, which can be in a day or two.

The most important minerals for macular degeneration healing—zinc and selenium—are central to the IV treatment. In fact, those are the only two I used for much of the 1980s. Since then, I've expanded the list to include all known essential minerals, as well as vitamin B₁₂ and the other B-complex vitamins. That improved results a little further, and costs only very slightly more.

It doesn't work every time; but halting or reversing the problem about 70 percent of the time certainly isn't bad.

Most people see improvement with this treatment in as little as four to six weeks. If you don't have any results at all after eight weeks, the treatment probably won't help.

If you don't want to try the intravenous therapy or can't find access to it, you can take oral supplements. They don't usually work as quickly or dramatically, but they can still help. But if you decide to go this route, your first step is to have your digestion tested and corrected if problems exist (one common symptom of poor digestive function is cracking, peeling, and chipping fingernails).

Improving the stomach's digestive function with the "digestive replacement therapy" of betaine hydrochloride-pepsin or glutamic-acid hydrochloride-pepsin will help improve many health problems by improving the available supply of essential nutrients.

If hydrochloric acid treatment is recommended for you, start by taking one capsule (5, 7 1/2, or 10 grains) of either betaine hydrochloride-pepsin or glutamic-acid hydrochloride just before each meal. After two or three days, if you don't have any problems, take two capsules before meals, then three capsules another two or three days later. Gradually increase your dose in this stepwise fashion until you get to 40 to 90 grains per meal.

Treatment with hydrochloric acid can be dangerous and should only be used when testing indicates a need. If this is the case for you, the treatment process should be carefully monitored by a physician.

Once your digestion has improved, you will be able to absorb the following nutrients and herbs much more efficiently. So at that point, you can begin the following daily supplement regimen: 30 milligrams of zinc picolinate or zinc citrate, twice daily; 4 milligrams of copper, preferably copper sebacate, taken at a different time of day than the zinc; 1,000 milligrams of taurine taken in between meals; 800 units of vitamin E; 300 micrograms of selenium; and 80 milligrams of bilberry, twice daily.

Don't give up if you don't improve immediately. Keep in mind that it takes several months or even longer for the herbs and nutrients to "build up" in your system and begin making a difference.

Obviously, convincing your Medicare or HMO physician that your ARMD is being caused by your lack of stomach acid would probably be pretty close to impossible. You really need to see a physician who can treat your eyes as part of your whole body. If you are too far away to travel to the Tahoma Clinic, the American College for Advancement in Medicine (800)532-3688; www.acam.org can usually offer a recommendation closer to home.

And, of course, no discussion of eyesight is complete without mentioning cataracts too. Over two decades ago, I read an article by an ophthalmologist who wrote that his income from cataract surgery had declined by 2/3 since he started recommending vitamin A to individuals with early cataracts. He noted that few cataracts actually disappeared, but that progression of most of them did slow drastically, and often stopped where it was. I was impressed that this ophthalmologist cared more for his patients than for his bank account and have passed his recommendation along ever since.

So my first recommendation is to add 40,000 IU of vitamin A (not beta-carotene) to your program each day. Use the liquid "micellized" form, which absorbs more reliably.

N-acetyl-carnosine (NAC) eyedrops are one of the most promising new treatments. In the latest double-blind, placebo-controlled trial, 90 percent of NAC-treated eyes showed improvement in corrected visual acuity and 88.9 percent showed an improvement in glare sensitivity after just six months.

N-acetyl-carnosine is available as a product called

CAN-C, from a few online sources, a few compounding pharmacies and natural food stores, and the Tahoma Clinic Dispensary.

Another research report involved a group of Chinese herbs, collectively called Hachimi-jio-gan (or just "Clinical Nutrients for the Eyes," which is much easier to pronounce). Patients in early stages of cataracts were treated with Hachimi-jio-gan. Sixty percent had some regression, and 20 percent didn't progress any further. If you want to try Clinical Nutrients for the Eyes, take 150 milligrams twice daily.

In another study, bilberry stopped the progression of cataracts in 48 out of 50 of the participants. If you try bilberry, take 80 to 160 milligrams three times a day. And be sure to use a product with a 25 percent standardized anthocyanidin content.

These treatments are all safe, and if they don't work for you, the worst that can happen is that you'll eventually decide to proceed with cataract surgery. But even if you do ultimately need surgery, these approaches will most likely make that necessity come much later than it would otherwise.

Chapter 2

Toss the Ritalin and eliminate the hidden culprit behind ADD

Jeremy, a second grader, began having sudden "anger spells" when he was in pre-school, at the age of four. His achievement levels in reading and other basic school subjects were also low, and his teachers were concerned about his attention span. When they recommended Ritalin, Jeremy's mother, Susannah, brought him to see me at the Tahoma Clinic in the hopes of an alternative. She'd noticed some strange symptoms on Jeremy—dark under eye circles and horizontal creases on his lower eyelids—and she wondered if he had allergies.

She was right. Nearly all children diagnosed as "hyperactive" have allergies and sensitivities,

especially food allergies.

I learned about the link between allergy and sensitivity and attention deficit disorder back in 1979 when I read Dr. James C. Breneman's book *Basics of Food Allergy*.

There are many ways to identify food sensitivity. Physicians and other health care practitioners have found that elimination diets, certain types of skin tests, blood tests, muscle testing, electrodermal testing, and radionics are all helpful in the identification of food sensitivity. Not all techniques work for everyone, and

food sensitivity testing and evaluation can be just as individual as the food sensitivities themselves. Treatments for these sensitivities are also very individualized and can include an array of techniques.

Dr. Breneman's technique involves following an elimination diet. During the first week, you'll eat only foods that are less likely to cause allergies (Dr. Breneman had his patients eat things like rice, spinach, and beef). Then you add back the foods you normally eat, one at a time to see if they cause your symptoms to return.

If you'd rather explore other testing options, contact the American Academy for Environmental Medicine (316-684-5500; www.aaem.com) for a list of physicians near you who are skilled in allergy screening and treatment.

It turned out that Jeremy was sensitive to milk and dairy products, wheat, soy, oranges, and 27 other foods. With the help of a nutritionist, Susannah put together a temporary diet plan for Jeremy while desensitization was done. It took seven months to complete Jeremy's desensitization. During this time, he also began taking a multiple-vitamin/mineral combination along with 50 milligrams of vitamin B₆ and 100 milligrams of magnesium per day.

By the third grade, Jeremy's behavior was described by his teachers as "not hyperactive at all, just normal and bright." His "anger spells" were gone entirely. He caught up in all his subjects, and by the end of the year he had started to excel.

Chapter 3

Stay sharp into your 90s with these all natural brain boosters

Years ago, I had a patient named Vincent who came to me worried about his memory.

"My wife thinks I'm losing it," he told me. "I was just passing it off, but now I think she's right. Last week, I drove off and left the boat at the launch for the second time in a month, with the dog in it too! Had to drive all the way back to get the boat and the dog."

After an examination and interview, Vincent's description of his symptoms formed a fairly typical pattern. He described a stretch of heartburn that subsided after treatment with antacids, as well as increasing gas—both of these symptoms indicate progressive stomach failure.

Vincent's tests disclosed weak digestive functioning and low levels of amino acids and DHEA. With the help of the appropriate amino acids, vitamin B₁₂ injections (along with other B vitamins), DHEA supplementation, and digestive correction, Vincent's memory was much improved within eight months.

You'll need a doctor's help with testing and determining an individual supplement program. For a list of doctors in your area who are skilled in nutritional medicine, contact the American College for Advancement in Medicine at (800)532-3688 or www.acam.org.

Brain-stimulating herbal supplements are also gaining more and more media attention and popularity. One such herb, Bacopa, was shown to significantly reduce anxiety and improve mental performance in an uncontrolled trial involving 35 patients who underwent treatment for one month. (The daily dose was equivalent to 12 grams of dried herb.) In addition to promoting mental function, Bacopa has the ability to raise the general resistance of the body to stress and to improve visual and motor perception.

Check your local natural food store for Bacopa supplements. If they don't carry them, contact the Tahoma Clinic Dispensary (425-264-0059; www.tahoma-clinic.com) for more information on the product Memoractiv, which contains Bacopa.

Chapter 4

Soothing solutions for anxiety

For some people, caffeine can be a hidden source of anxiety. Caffeine-induced anxiety, or "caffeinism," occurs most often in individuals from families with blood sugar problems. Eliminating your intake of refined sugar is likely to reduce your anxiety, and, of course, eliminating caffeine will help too.

Vitamin and mineral supplements can also be sources of relief. Niacinamide, a form of vitamin B₃, helps most people with anxiety and, to some degree, depression (especially for individuals whose family

has a history of blood sugar problems). I usually recommend taking 500 to 1,000 milligrams a day along with a good B-complex vitamin supplement. The B-complex helps "back up" the niacinamide, and it also helps settle anxiety on its own.

Herbal remedies like ginkgo (40 milligrams of a standardized extract, three times a day) and Siberian ginseng (100 to 200 milligrams, three times a day) can also be a big help.

Chapter 5

The great-tasting way to beat bladder and urinary tract infections

Ninety percent or more of all urinary tract infections are caused by the common intestinal bacterium *E. coli*. D-mannose literally makes it impossible for this particular bacterium to "stick" to the bladder or the rest of the urinary tract, so infections are just "rinsed away" with normal urination. Even better, D-mannose is harmless and tastes good.

For adults, 1/2 to 1 teaspoon of D-mannose dissolved in a glass of water and taken every two to three hours will eliminate almost any bladder or urinary tract infection in about three days.

D-mannose is a simple sugar, but it isn't at all bad for you—not even for diabetics. See, very little of it is actually metabolized by the body. Large doses are washed away in your urine and the amounts left behind are so small they don't affect blood sugar levels.

You can get D-mannose from some natural food stores or from the Tahoma Clinic Dispensary (425-264-0059; www.tahoma-clinic.com).

Chapter 6

Stomp out chronic fatigue and get back your old get-up-and-go

When Kathy came to see me at the Tahoma Clinic, she'd already been diagnosed with chronic fatigue syndrome by her physician. The first thing I had Kathy do was undergo an adrenal-function test. This test measures how the adrenal glands respond to stress of any kind, physical or mental. Adrenal glands are stress-response glands and should make considerably more of each steroid hormone when stressed. It wouldn't be normal for our hearts to beat at the same rate or even a little slower after exercise than before, and it isn't normal for adrenal glands to make the same amount of hormone after stress as before. When they make less, weakness becomes a serious problem. They "go all out" just to keep you walking around. When they're called on to do more...exercise, working hard...they just can't do it.

If your adrenal glands are overstressed, stress reduction is a necessary part of recovery. But even though it's necessary, it can't usually do the job on its own. So Kathy began taking a number of supplements to combat her weak adrenal glands, beginning with cortisol, DHEA (15 milligrams per day), and salt. Extra salt is important in the production of a hormone called aldosterone. The main function of aldosterone is to regulate minerals like potassium and sodium, and it is a major factor in enabling our bodies to retain salt. You couldn't survive if your body didn't retain salt. If you're not eating much salt, your body has to make more aldosterone to make up for it. But if salt intake is high, it's actually normal for your adrenal glands not to make any aldosterone at all. So, if you eat enough salt, your adrenal glands don't need to make aldosterone, and that saves them some work.

Extra salt, cortisol, and DHEA help to rest the adrenal glands so they have more energy to repair themselves. But, you can help the repairs go even faster with the right diet, nutrients, herbs, and other supplements.

People with weak adrenal glands should never follow a low-carbohydrate diet. Weak adrenal glands are among the causes of low blood sugar levels, and a low-carbohydrate diet is meant to control blood sugar. Perhaps the most surprising nutritional recommendation given for strengthening adrenal gland functioning is incorporating six or more pieces of licorice (with no added artificial color or sugar) into your diet daily. Licorice contains substances that slow the liver's breakdown of steroid hormones.

In addition to these dietary modifications, vitamins A, E, and the entire B complex are thought to help the functioning of the adrenal glands. Usually, any good multivitamin and B-complex supplements from a natural food store will contain enough. Other supplements found to be helpful in treating weak adrenal glands are "Adren-Plus" and an "adrenal glandular." Adren-Plus is a combination of botanicals that have been shown to improve adrenal health. Adrenal glandulars are whole, dehydrated, animal adrenal cortex. Adren-Plus is available through the Tahoma Clinic Dispensary (425-264-0059; www.tahoma-clinic.com).

Just two months after Kathy began treatment for her weak adrenal glands, she found that her old energy was back, and she was able to do things she hadn't been able to do for years.

Chapter 7

Protect yourself from this winter's rounds of colds, flu, and bronchitis

Your best bet against colds, flu, and other infections is to keep your immune system in good working order. But there are quite a few factors out there working against your immune system, and it's up to you to guard yourself against them.

Sugar intake directly affects the ability of the immune system's white blood cells to fight off infection. There's also significant evidence that chlorinated water and water containing fluoride weaken the immune system. The National Cancer Institute has published articles showing an increase in cancer risk from chlorinated water. If cancers are increased, that means that the immune system must be weakened. And there are many studies showing that fluoride, at levels found in our drinking water (and in our tissues if we drink that water), interferes with both the mobility of our white blood cells and their ability to engulf and kill germs. So in addition to keeping refined sugar intake to a minimum, try to stick to bottled or distilled water.

Uncovering and eliminating (or desensitizing) allergies is a close second to eliminating sugar when it comes to cold prevention. For my first 25 years of practice, I worked with children (and their parents) quite frequently. I saw hundreds of children for recurrent colds, sore throats, ear infections, bronchitis, and 'flu. If the recurrent infection didn't subside after the parents got rid of all the refined sugar in the child's diet, we then checked the kids for allergies, particularly food allergies. Every single one of these children had significant food allergies, and if the offending foods were eliminated (or in the long run, desensitized), the recurrent colds and infections always vanished (or nearly so, except perhaps for the very infrequent case of sniffles).

The same strategy applies with adults, although in general adults have a greater proportion of inhalant allergies than children, which can only be dealt with by

total removal from the environment, or desensitization.

Taking care of sugar and allergies will give your immune system a solid foundation for fighting all kinds of infections, including colds and the flu. But there are also a few supplements that can support your efforts even further.

Some of the most exciting recent vitamin D research has demonstrated its ability to prevent viral and other infections by stimulating the production of "natural human antibiotics" in your body. (For the best discussion of recent vitamin D research available anywhere, see www.vitamindcouncil.com.)

For adults, I recommend 3,000 to 4,000 IU of vitamin D daily, for children, from 1,000 to 3,000 IU, depending on size. (It's certainly best to check with a physician skilled and knowledgeable in natural and nutritional medicine for recommendations for children.)

Many people still believe that long-term use of echinacea can have adverse effects. This misapprehension has been repeatedly addressed by my colleague Kerry Bone, most recently in *Nutrition & Healing* April 2007. The truth is that there is solid evidence showing this herb's ability to increase the production of natural killer (NK) cells in the body. NK cells are a critical part of fighting off any type of infection. To help prevent colds (and boost the immune system in general, including against cancers—see April 2007), Kerry recommends 1 to 3 grams of dried echinacea root per day. Echinacea is available in all natural food stores, compounding pharmacies, the Tahoma Clinic Dispensary, and even many national supermarket and pharmacy chains.

Goldenseal (500 milligrams twice a day) and garlic (two pure garlic-oil capsules per day) are two additional herbal immune boosters worth considering.

But the most effective herbal cold remedy I've

come across recently is a product called “Cold-fx,” a standardized extract of American ginseng (*panax quinquefolius*) that was touted as the “official cold and flu remedy of the National Hockey League and the National Hockey League Players Association.” Double-blind, placebo-controlled research showed that regular use of a single 200-milligram “Cold-fx” capsule daily significantly reduced the incidence of colds, and that when colds did occur, their duration was significantly shorter.

The evidence is convincing enough that the Canadian equivalent of the FDA recently approved Cold-fx and allows it to bear the therapeutic claim that it “helps to reduce the frequency, severity, and duration of cold and flu symptoms by boosting the immune system.”

“Cold-fx” is available at some compounding pharmacies, natural food stores, the Tahoma Clinic Dispensary, and in some national pharmacy chains.

One of the things that makes Cold-fx unique is that it works for both treatment and prevention. Most people think that the next item on the list does so as well. But research on vitamin C done decades ago showed that this nutrient doesn’t actually help prevent the common cold. It does, however, reduce the severity and duration of colds that do occur.

At the very first sign of a cold, I recommend taking a minimum of 1 gram of vitamin C four times daily, and if the vitamin C is tolerated well (meaning it doesn’t cause loose bowels or diarrhea), considerably more is safe and even more effective.

Next to vitamin C, one of the most effective germ- and infection-fighting treatments available is something you might recognize it by its more common name—colloidal silver. But I prefer to use a slightly more technical name, nano-particulate silver. The “nano-particulate” part is very important because the smaller the particle size of the silver, the greater the germicidal effect.

I recommend Argentyn 23™ and Sovereign Silver™, both of which are available at natural food stores, compounding pharmacies, and the Tahoma

Clinic Dispensary. At the first sign of a cold, use 1 tablespoonful to start, and then continue to take 1 teaspoonful every 3 to 4 hours while you’re awake until the infection is gone.

Unlike vitamin C, nano-particulate silver should not be used every day (unless recommended for a very particular reason by a physician skilled and knowledgeable in nutritional and natural medicine), but reserved only for treatment of active infections.

Some individuals I’ve worked with have sworn that zinc lozenges are “almost miraculous” for treating colds. Others swear they’re useless. Research studies have been equally conflicting. The answer to this apparent contradiction is that *certain types* of zinc lozenges are indeed very effective, while other types are not very effective at all.

To sort out which zinc lozenges are actually effective, you have to look at the “rest of the story,” meaning all the other things going into the various zinc lozenge products that have been put on the market since the first positive research on zinc and colds was published back in 1984.

When you buy a mineral supplement, you never just buy just the mineral itself. The mineral is always attached to something called a “binding ligand” which makes it stable, and (in some cases) easier to absorb. For example, calcium tablets or capsules don’t contain just calcium; they contain calcium carbonate, calcium lactate, calcium citrate, or some other “form” of calcium. Similarly, magnesium is sold as magnesium oxide, magnesium citrate, magnesium glycinate, magnesium taurate, and many other forms. Zinc is sold as zinc picolinate, zinc citrate, zinc aspartate, and—in lozenges—zinc acetate.

Making zinc lozenges to treat common colds is particularly tricky for manufacturers. First, the goal of the zinc lozenge isn’t absorption of the zinc as it is with capsules or tablets. The goal of the zinc lozenge is to rapidly release the zinc so it can come into contact with both the cold virus itself and the mucous membranes of the mouth, throat, and surrounding areas. But while it’s doing that, the zinc lozenges must

also achieve its second goal—to taste good, or at least acceptable, even to small children. Unfortunately, anyone who's ever tasted an "elemental" liquid zinc solution in chemistry class (usually zinc chloride) knows that zinc tastes terrible!

But sometime around 1990, George Eby, one of the original zinc lozenge researchers, found that zinc combined with acetate could be made into compressed tablets or hard candy lozenges that were both stable and pleasant tasting. When the lozenges dissolve, the zinc and acetate rapidly break apart, releasing the ionic (positively charged) zinc to come into contact with both the viruses and mucous membranes where it can "do its job." Research continued until zinc acetate lozenges were proven to be effective when mass produced. And this technology still holds today: Several recent very positive studies on zinc and the common cold used zinc acetate lozenges.

At present, to make certain of effectiveness against the common cold virus, I recommend only the zinc acetate lozenge formula designed by George Eby, called Zinx™. You should start taking it within 24 hours of the onset of cold symptoms, and continue with another dose every two to three hours while you're awake until the cold symptoms are completely gone.

Zinx™ lozenges are available through a few natural food stores and compounding pharmacies, and the Tahoma Clinic Dispensary.

Obviously, prevention is always best. Your chances of eliminating or at the very least minimizing your bouts with the common cold are excellent if you follow the preventive measures noted above. But just in

case, and particularly if you have children at home, it's a good idea to have some nano-particulate silver (Argentyn 23™/Sovereign Silver™) and zinc acetate lozenges (Zinx™) in your pantry, along with a powdered form of vitamin C, which can be stirred into liquids to make it easier to take larger doses.

Of course, while getting better as quickly as possible is the ultimate goal when you come down with a cold, there are a couple of precautions to bear in mind before bombarding your system with all of these treatments at once.

Certainly eliminating sugar and allergies, and taking vitamin D, Echinacea, and "Cold-fx" are all compatible with each other and can be taken together safely. Vitamin C can be used with all of these, too, but at higher (treatment) quantities it's best taken with food to reduce chances of gastric irritation. By contrast, nano-particulate silver should be taken on an empty stomach, with no food for at least one hour before or after. And, as I mentioned above, nano-particulate silver isn't a preventive measure to be used on a daily basis. It should only be used when you're actually sick.

And last but not least, make sure you don't swallow those Zinx lozenges. To get the germ-killing effects you should let the lozenge dissolve completely under your tongue. After that, you might gargle the resulting liquid or otherwise "swoosh it around" your mouth to try to contact as many infected surfaces as possible. If there's any liquid left after doing all this, it won't hurt to swallow it—after all, it's a low quantity of zinc—but it does the most good against the "common cold" by contacting the lining of your mouth and throat.

Chapter 8

Heal cuts and bruises faster than ever

Digestive enzymes are one of the most useful tools I've used in my practice for accelerating the healing process and suppressing inflammation.

Pancreatin (usually from a beef, pork, or lamb source), bromelain (from pineapple), papain (from papaya), and other "plant source" digestive enzymes are all effective. Three or four tablets or capsules should be taken three or four times daily on an empty stomach. Try to avoid food for at least an hour (if possible) before and after. Taking the enzymes before unavoidable trauma (like surgery), as well as after, makes the treatment even more effective.

If the injury is an accident, you can start taking the enzymes as soon as reasonably possible, and you should continue until you're completely healed.

Enzymes are nontoxic and are safe for even small children, although they don't need as much to do the same job. For children too small to swallow capsules or tablets, chewable enzymes (which usually are pineapple- or papaya-flavored and taste good) are very useful.

If you've never tried this approach before, I think you'll be pleasantly surprised: Swelling goes down more rapidly, there's less pain, and injuries are "back to normal" much more quickly. Enzymes are available at any natural food store, as well as through online vitamin distributors.

In the case of people who bruise very easily, supplemental vitamin K is a good idea. Severe vitamin K deficiency causes uncontrollable bleeding, but mild to moderate degrees of such a deficiency don't ordinarily cause such obvious problems. Easy bruising is one physical sign of such mild to moderate deficiency. While easy bruising can also be due to a lack of flavonoids (which help keep small blood vessels strong), it's definitely safe and worth a try to use supplemental vitamin K (5 to 10 milligrams daily) to try to stop the problem. After six to eight weeks, it should be possible to tell whether it's helpful or not.

Chapter 9

The natural depression solution to try before St. John's wort

Aided mightily by the media, many people have the impression that St. John's wort is the only alternative treatment for depression. There's no doubt that St. John's wort is often effective, but it's actually one of the last natural treatments to try. One of the basic principles of nutritional and natural medicine is to always replace any "missing" essential nutrients first before turning to or adding other natural treatments.

In a large number of cases, depression is actually caused by a neurotransmitter deficiency, which can be treated by supplementing with relatively large quantities of the essential amino acids the depressed

individual is missing, along with any supporting nutrients or metabolites.

Tryptophan, tyrosine, and phenylalanine are all especially common deficiencies, so have your levels of these checked and corrected before turning to or adding St. John's wort.

You'll need a doctor's help testing your levels of amino acids and determining how much of each to take to bring your levels back up to normal. Contact the American College for Advancement in Medicine (800)532-3688 or www.acam.org for a list of natural physicians near you.

Chapter 10

The secret to halting hearing loss: Start with your stomach

Evidence is accumulating that, like macular degeneration, age-related hearing loss is related to suboptimal digestion and assimilation. In a recent study, 55 women with inefficient hearing were shown to have low levels of vitamin B₁₂ and folic acid. Based on this research, it is possible to say that improved levels of all micronutrients may well prevent age-related hearing loss. And the best way to do that is to improve your digestive function. (One common symptom of poor digestive function is cracking, peeling, and chipping fingernails.)

First, have your digestion tested. A doctor from the American College for Advancement in Medicine can help you with that. If problems exist, improving the stomach's digestive function with the "digestive replacement therapy" of betaine hydrochloride-pepsin or glutamic-acid hydrochloride-pepsin will help many health problems by improving the available supply of essential nutrients.

If hydrochloric acid treatment is recommended for you, start by taking one capsule (5, 7 1/2, or 10 grains) of either betaine hydrochloride-pepsin or glutamic-acid hydrochloride just before each meal. After two or three days, if you don't have any problems, take two capsules before meals, then three capsules another two or three days later. Gradually increase your dose in this stepwise fashion until you get to 40 to 90 grains per meal.

Treatment with hydrochloric acid can be dangerous and should only be used when testing indicates a need. If this is the case for you, the treatment process should be carefully monitored by a physician.

Once your digestion has improved, you'll be able to absorb vitamin B₁₂ and folic acid much more efficiently. Take 800 micrograms of each per day.

Chapter 11

The best varicose vein treatments around

Varicose veins are often considered an unavoidable part of getting older. Maybe they even run in your family. Most likely, they're due to the lack of sufficient dietary fiber intake over the years. Lack of fiber allows pressure to build up in the abdomen. This abdominal pressure, in turn, creates "back pressure" on the veins from the legs, dilating them. Foods containing bioflavonoids (like blueberries, blackberries, plums, and purple cabbage) can help alleviate this condition. Also try taking 200 to 600 milligrams of magnesium and 400 to 800 IU of vitamin E each day.

But the best varicose vein treatments are herbs. Check your local natural food store for butcher's broom supplements, which can increase the tone of

blood vessel walls and help them function better. If you can find capsules containing 20 to 40 milligrams of a butcher's broom extract called ruscogenin, take them two times a day.

Horse chestnut is probably the best-known and most effective treatment for varicose veins. Take 600 milligrams of horse chestnut (containing 100 milligrams of an extract called escin) each day.

Sometimes combining butcher's broom and horse chestnut works even better—it's definitely worth a try.

Chapter 12

Alzheimer's disease: New hope for a "hopeless" situation

As you know, there's very little available for Alzheimer's patients (and their families) that can offer even partial relief from the turmoil this disease causes. So when new treatments are developed or discovered, it's usually big news—a ray of hope for people stuck in a seemingly hopeless situation. One of these newly developed treatments, called Memantine, was recently approved in Europe. Apparently, it "works" by protecting brain cells against damage caused by a major excitotoxin, glutamate. But protecting against glutamate-induced nerve cell damage is also one of the well-known actions of lithium. So if it's true that this newly approved patent medication slows the progress of Alzheimer's disease in this way, then lithium should slow Alzheimer's disease progression, too. Of course, lithium treatment, which isn't patentable and doesn't have nearly the profit potential of patented Alzheimer's medications, hasn't made any headlines. But that doesn't mean it isn't a promising option for patients struggling with Alzheimer's disease.

There are many other research findings that also strongly suggest that lithium will protect against potential Alzheimer's disease and slow the progression of existing cases. Researchers have reported that lithium inhibits beta-amyloid secretion, and also prevents damage caused by beta-amyloid protein once it's been formed. Beta-amyloid peptide is a signature protein involved in Alzheimer's disease: the more beta-amyloid protein, the worse the Alzheimer's becomes.

Over-activation of a brain cell protein, called tau protein, also contributes to neuronal degeneration in Alzheimer's disease, as does the formation of neurofibrillary tangles. Lithium inhibits both of these nerve-cell damaging problems.

And you've likely read that individuals with Alzheimer's disease usually have excess aluminum accumulation in brain cells. While it's not yet known

whether this excess aluminum is a cause, an effect, or just coincidental, most health-conscious individuals take precautions to avoid ingesting aluminum. Unfortunately, it's impossible to completely avoid all aluminum, since it's naturally present in nearly all foods. But lithium can help protect your brain against aluminum by helping to "chelate" it so that it can be more easily removed from the body.

Although Alzheimer's disease and senile dementia aren't technically the same, they do share many of the same degenerative features so there's every reason to expect that lithium will help prevent or slow the progression of senile dementia, too.

For general brain anti-aging, I recommend taking 10 to 20 milligrams of lithium (from lithium aspartate or lithium orotate) daily. I've actually been recommending these amounts since the 1970s. At first I was exceptionally cautious and asked all of my patients taking lithium to have regular "lithium level" blood tests and thyroid function tests. After a year or so, I quit asking for the lithium level blood tests, since 100 percent of them came back very low. Another year after that, I stopped requesting routine thyroid function tests, too, only doing one when I was suspicious of a potential problem. In the 30 years since, I've rarely found one.

In cases of Alzheimer's, though, you might need higher doses of lithium. High-dose lithium (capsules containing approximately 30 milligrams of lithium from lithium carbonate) is available only by prescription. But low-dose lithium (capsules or tablets containing 5 milligrams of lithium from lithium aspartate or lithium orotate) is available from a few natural food stores and compounding pharmacies, as well as from the Tahoma Clinic Dispensary.

To be on the safe side, I always recommend that anyone taking lithium also take a teaspoonful or two

of flaxseed oil (or other essential fatty acid), along with 400 IU vitamin E each day.

When you hear the word homocysteine, chances are you immediately think of heart disease. While too much of this substance does contribute to cardiovascular disease, elevated levels also increase your risk of Alzheimer's disease. However, it's not clear whether homocysteine has a direct effect on brain cells or whether the extra Alzheimer's risk is due to homocysteine's effect on blood vessels that serve the brain.

But even though no one knows for sure whether added folate helps prevent Alzheimer's by directly helping maintain brain cells or by reducing blood vessel damage, the net effect is the same: Adequate folate can help reduce your risk of Alzheimer's disease.

This brain-protecting effect extends to everyday cognitive function too. The term "cognitive function" includes not only memory, but also many other measures of abstract thought, including verbal and mathematical reasoning, test performance, and general alertness. Many research groups have reported associations between folate insufficiency and poor cognitive performance. So getting enough folate will help keep you thinking clear well into your golden years.

So how much folate should you take? As much as you need! I'm not trying to be elusive or "smart." I've seen folate requirements vary from none at all in people who get a sufficient supply from their food to 20-30 milligrams daily. Fortunately, there's a simple, inexpensive, and highly accurate test you can take to determine just how much you need.

Instead of blood or urine screens, I prefer measuring folate levels using something called a functional test, which is individualized to you. This type of test measures a function that depends on a certain nutrient. Your specific numerical reading or level of that nutrient doesn't really matter. What does matter is whether you personally have enough of that nutrient to keep the chosen parameter functioning optimally.

Along with the cells that line your intestinal tract,

blood cells are the most rapidly dividing cells in your body, constantly duplicating DNA to make brand-new cells. So this is the function that I find works best to measure folate adequacy. Specifically, I look at neutrophils, which are a certain type of white blood cell. The "neutrophilic hypersegmentation index" tells us what percentage of neutrophils had too little folic acid to properly duplicate their DNA. Obviously, 0 percent is best, since you want all of your rapidly dividing cells to be supplied with enough folic acid to properly duplicate.

Just about any laboratory with a microscope and an educated technician should be able to do this test. But, oddly enough, many labs don't. It requires a very small amount of blood smeared on a glass slide under a cover slip. The technician examines the slide for neutrophils, and reports what percentage of them are "hypersegmented" (lacking sufficient folate during the final stages of their development). The price should be \$25 to \$30.

If you can't get your doctor to order this test, remember that you can actually order your own in many states. Washington state is one of those, so if your local lab doesn't do the neutrophilic hypersegmentation index, have them draw the blood and send it to Meridian Valley Labs (425-271-8689, www.meridianvalleylab.com), where I'm the medical director.

If your test result is 0 percent, congratulate yourself! You've been eating enough folate in your food and/or taking enough to make sure that even your most rapidly dividing cells have all they need.

If you're close to 0, say 1-5 percent, you're still in pretty good shape. With just a little more folate-containing food or perhaps a little more folic acid supplement, you'll usually get to 0 percent quite easily.

If you're over 5 percent, it's time to make some changes. Don't fool yourself that 95 percent normal neutrophils is pretty darn good just because 95 percent got you an "A" in school. Think about what the number means in this context: 5 percent of your rapidly dividing cells don't have enough folate available. (Remember, it takes only one rapidly dividing cell that

wasn't able to properly repair its own DNA to result in cancer. And even though an abnormal test result doesn't mean you have cancer, it does mean you have a slightly higher risk, as well as higher risk of dementia and Alzheimer's disease, not to mention all the other conditions folate helps to prevent.) So getting serious and reducing your risk is a very good idea, especially if your test result is 5 percent or greater.

Take a look at the list of folate-rich foods: anything green, beans, nuts, wheat germ, liver (organically raised, of course), other organ meats, oysters, salmon, and brewer's yeast. There must be at least one or more of these you can add to your menu more often.

If your test result is above 5 percent, you should also take a folic acid supplement—5 milligrams daily—until a repeat test shows a 0 percent result. Keep in mind that you'll need to be very patient: Since this test relies on examination of neutrophils, which have a life span of six to eight months each, the lab might not see much change until that long after you start supplementing.

If your test is 15-20 percent or above, and especially if you're over 55, it's a good idea to increase your folic acid supplement to 5 milligrams, two to three times daily, once again until your test drops to 0 percent.

If your test doesn't improve at all, or even gets worse after six to eight months, you may have run into a folate absorption problem that you'll need a physician's help to overcome. Nearly every other nutrient is absorbed better if your body needs it; improved iron absorption during iron deficiency is one of the best-known examples. But folate absorption is the opposite; there's a "threshold" level of folate deficiency beyond which folate is less and less well absorbed until it's hardly absorbed at all—sometimes even in huge oral quantities. This threshold varies from person to person, so the only way to know if you've crossed the "no folate absorption threshold" is to try to improve your results, and see if they actually do get better over time.

If they don't, you have two options: those "huge" oral doses—100 milligrams daily or more—or injections. Even though folic acid injections are very safe, you still need a prescription, not only for the folic acid, but, in many states, for the needles and syringes as well. (And if you don't already know how, you'll need to learn self-injection.) If you go the injection route, you should use 2.5 to 5 milligrams of folic acid twice weekly for six to eight months.

If you're going to take the trouble to inject folic acid, talk to your doctor about adding vitamin B12—1,000 micrograms daily—to the injection, since folic acid and vitamin B12 are almost always found together in biochemical reactions in your body.

If you opt to try large oral quantities of folic acid, be sure to also take at least 30 milligrams of zinc (preferably zinc picolinate or zinc citrate, with 2 milligrams of copper) at a different time of day. There's some suspicion that taking large oral quantities of folic acid over a long time might cause a zinc deficiency.

One other precaution: If you are on any type of anti-seizure medication at all, don't take more than 1 milligram of folic acid daily—even if your test shows you're deficient—unless you're working with a physician skilled and knowledgeable in nutritional and natural medicine!

You've likely gathered that I'm not a fan of the usual 400- or 800-microgram daily doses of folic acid. All too frequently, they don't work, leaving the test results just as bad as ever after six to eight months of supplementation. Yet folic acid supplements in quantities of greater than 800 micrograms are hard to find due to FDA guidelines.

Check your natural food store, compounding pharmacy, or the Tahoma Clinic Dispensary (see "Resources" on page 8) for 5- and 20-milligram capsules, or bottles of folic acid liquid, which contain 2 milligrams per drop. These will help put you on the right track much faster than "regular" folic acid supplements.

Chapter 13

Breathe easy with these safe, natural asthma remedies

Eighty percent of asthmatic children have low levels of stomach acid and pepsin. This hurts digestion and lowers nutrient absorption, gradually increasing food allergies. Stomach malfunction impairs vitamin B₁₂ nutrition. In childhood asthma, a series of vitamin B₁₂ injections often eliminates asthmatic wheezing entirely. When I'm working with an asthmatic child, I almost always ask a nurse to teach the parents how to give the injections at home. Depending on the child's size, I use between 1,000 and 3,000 micrograms of vitamin B₁₂ daily, and taper off both the quantity and frequency according to the response. If you find the vitamin B₁₂ hasn't reduced symptoms at all after 2 or 3 weeks, you should discontinue the daily injections.

For both childhood and adult asthma, magnesium and vitamin B₆ intravenous injections given during acute attacks almost always eliminate them, although sometimes you need more than one injection to do the job. Both of these nutrients are also good to take

orally, and can cut down on the frequency of asthma attacks. For adults, I usually recommend taking 50 to 100 milligrams of vitamin B₆, along with 200 milligrams of magnesium three times a day.

As far as herbal treatments for asthma, Boswellia is the best bet. In one clinical study, 80 patients with chronic asthma were treated with 900 milligrams per day of Boswellia gum resin. Seventy percent of patients taking the Boswellia improved. Improvements were observed for shortness of breath, number of attacks, and respiratory capacity as well as indicators of inflammation.

These treatments are all good for reducing the symptoms of asthma, and sometimes they can even eliminate it altogether. But for adult asthma, allergy elimination or desensitization are usually necessary in the long run. For help with allergy screening and treatment, contact the American Academy for Environmental Medicine at (316)684-5500 or www.aaem.com.

Chapter 14

Eliminate bursitis pain with a single vitamin

A bursa is a fluid-filled cavity situated near tendons, joints, and bones in areas where friction would normally develop. The numerous bursae in the body reduce friction and enhance the mobility of joints and tendons. When a bursa becomes inflamed, it is called bursitis. The most common type of bursitis occurs in the shoulder around the deltoid muscle. Conventional treatment for bursitis includes rest, physical therapy, anti-inflammatory drugs, and in some cases injection of cortisone-type drugs into the bursa.

Unfortunately, it's still not as well known as it should be that bursitis can usually be eliminated by daily vitamin B₁₂ injections.

In 1957, it was discovered that vitamin B₁₂ was an effective treatment for bursitis. Forty patients were given injections of vitamin B₁₂ (intramuscularly, not into the bursa). The dosage was as follows: 1,000 micrograms daily for seven to 10 days and then three times a week for two to three weeks. The frequency of injections was adjusted according to the degree of improvement. Symptom relief occurred in nearly all of the patients. Reduction of pain and other symptoms occurred rapidly, and complete relief was often seen within several days. No one knows exactly how vitamin B₁₂ works to relieve symptoms of bursitis, but it should be noted that effective treatment usually depends on frequent dosing.

Vitamin B₁₂ injections are downright cheap compared to most other prescription items at the drugstore, especially if you give them to yourself. And, fortunately, problems caused by vitamin B₁₂ injections are excep-

tionally rare. Eventually, daily injections can be tapered off to once weekly. If symptoms start to return, the injections should be stepped up again.

Chapter 15

Soothing the symptoms of IBS and colitis

The major problem with irritable bowel syndrome (IBS)—aside from the obvious ones it presents to people suffering from it—is that it’s sort of a “last ditch” diagnosis, meaning you’re only told you have it if and when everything else has been ruled out.

Clinical trials suggest that peppermint oil may be beneficial in the treatment of some symptoms of IBS. In the most recent one, 110 IBS patients took either a placebo or a capsule containing 187 milligrams peppermint oil three times per day, 15 to 30 minutes before each meal for one month. Patients taking the peppermint experienced improvements in abdominal pain, abdominal distension, stool frequency, and flatulence that were significantly better than those in the placebo group. If you decide to try peppermint oil, look for capsules that are enteric-coated. This sort of coating won’t allow the capsule to break down until after it has passed through the stomach and into the small intestine. Without a protective coating, peppermint oil capsules can cause heartburn.

Ulcerative colitis is often referred to in conjunction with IBS. It’s a chronic inflammatory disease of the colon. My colleague and regular contributor to *Nutrition & Healing*, herbalist Kerry Bone has had a great deal of experience—and success—treating colitis with herbal remedies. His approach is based on the evidence linking ulcerative colitis to the nature and quantity of your gut flora (the friendly bacteria that live in your digestive tract). In fact, in cases of ulcerative colitis, the immune system is actually attacking the gut microflora, as opposed to the gut itself. This means that it’s not strictly an autoimmune disease as

such, because autoimmune diseases attack the body’s own tissues. Basically, the gut inflammation in ulcerative colitis is collateral damage.

So having healthy bowel flora will decrease your chances of stimulating an attack from the immune system. And you can promote healthy bowel flora by reducing your intake of processed foods, by keeping fat and protein to a minimum, and by taking in lots of natural fiber and raw, organic fruits and vegetables.

It’s also important to reduce your intake of sulfur-containing foods, which feed sulfur-reducing bacteria. These produce hydrogen sulfide, which is toxic to the already damaged gut lining. A pilot clinical study found that subjects who stuck to a low-sulfur diet for 12 months experienced a remarkable clinical improvement in their colitis symptoms. Patients in the study reduced their intake of red meat and completely avoided eggs, cheese, milk, ice cream, mayonnaise, soy milk, mineral water, and sulfated drinks (wines, cordials, syrups, and the like). They also avoided nuts, cruciferous vegetables, garlic, onions, and food that contained sulfur additives (such as dried fruit).

In terms of herbal supplements, Kerry recommends garlic and goldenseal because they reduce levels of harmful bacteria in the gut. Use either a freshly crushed clove of garlic or a garlic powder product (which mimics in the digestive tract what happens when you crush a fresh clove). These can be taken about two days per week.

But the top three herbs on Kerry’s colitis-fighting list are St. John’s wort, echinacea, and Boswellia. St.

John's wort is extremely effective against viruses that have an envelope around them, such as cytomegalovirus (CMV), which is a virus related to herpes. More than 40 years of studies have linked ulcerative colitis with CMV. And echinacea root helps fight any viruses or bacteria that are feeding the immune imbalance that creates gut inflammation.

A group of Indian and German scientists conducted a study to test the effects of the herb *Boswellia* in treating ulcerative colitis. For the study, 34 patients were given 350 milligrams of *Boswellia* resin three times a

day while eight other patients were given the drug sulfasalazine (1 gram, three times a day). Symptoms like abdominal pains, loose stools, mucus, and blood improved in both groups, and about 80 percent of the patients receiving *Boswellia* went into remission.

Toxicity studies show that Boswellic acids don't cause adverse effects even after repeated administration. The dosage of *Boswellia* should be 200 to 400 milligrams of extract three times a day. The extract should be standardized to have a Boswellic-acid content of about 60 percent.

Chapter 16

Supplement solutions for emphysema

Erwin's story is a good example of how emphysema can be treated when nutritional deficiencies are taken into account, and when obvious symptoms are not ignored. When he came to the Tahoma Clinic, Erwin looked blue. Not bright blue, but a more dull, mottled blue with red tones, darker around the lips and cheeks, a little lighter on the rest of his face. The skin of his hands was more red with blue mottling; it was lighter on his fingers, where yellow-brown-orange cigarette stains also appeared. He was obviously working hard for each breath. He had been smoking for 54 years and was diagnosed with bronchial obstructive disease and emphysema.

The first step in treating Erwin was to have him tested for allergies. Allergies increase bronchial secretions and congestion and possibly constrict the bronchial tubes. He was also prescribed a number of vitamin and mineral supplements, beginning with 200 milligrams of magnesium citrate twice daily. Magnesium promotes healthy lung functioning in two ways. First, it acts as a bronchodilator, preventing the bronchial passages from going into spasm. Second, it plays a key role in the production of energy, which is needed by chest-wall muscles and the diaphragm to perform the work of breathing.

To help the function of breathing muscles, 250 milligrams of L-carnitine three times daily is also recommended. To thin and loosen bronchial secretions, 500 milligrams of N-acetylcysteine should be taken two times a day, as well as six drops, in liquid, of SSKI (a saturated solution of prescription potassium iodide). In addition to these recommendations (not prescription items), taking 50,000 units of vitamin A, 2,000 milligrams of vitamin C, and two 19-grain capsules of lecithin each day, as well as vitamin E, copper, and zinc is beneficial. These supplements improve the health of the cells lining the bronchial tubes and the rest of the lungs.

Ten weeks later, Erwin's condition was much improved. Although there was still a slight blue-red tinge to his skin, it was definitely less noticeable, and much less mottled. His breathing was much less labored.

After he'd improved to this point, I prescribed a new inhalant treatment to Erwin. It's called glutathione (which is a natural metabolite), and it should be inhaled two or three times a day. Glutathione plays a crucial role in the natural antioxidant-defense system, which helps prevent oxidation damage to lung tissue.

After two months using the glutathione, Erwin re-

turned. “The lung doctor can hardly believe how well I’m doing,” he said. “When I told him this glutathione thing was in regular medical journals, he didn’t believe me, but then he looked it up and called me back. He says he’s going to use it for all his other patients!”

The glutathione therapy is available by prescription only, and can be obtained through a compounding pharmacy. To locate a compounding pharmacy near you, contact the International Academy of Compounding Pharmacists (800)927-4227; www.iacprx.org).

Chapter 17

The simplest solution for gallbladder pain —without surgery

Sometime in the 1980s, the folks who keep track of such statistics noted that approximately 800,000 people per year have their gallbladders removed. But over 99 percent of all gallbladder removals are totally unnecessary. The only time surgery is absolutely crucial is when a gallstone “stuck” in the duct that travels from the gallbladder and lower through the pancreas to the small intestine. But that only happens in less than 1 percent of all cases.

The other 99 percent of gallbladder surgeries have nothing to do with a “stuck” gallstone. Instead, they’re done to relieve recurrent “attacks” of gallbladder pain brought on by food allergies. (Eggs, pork, and onion

are the most common offenders, but any food is a possible culprit.) Eliminating the food allergens eliminates the attacks of gallbladder pain, also eliminating the need for surgery.

If you have recurring gallbladder pain, you should see a physician who knows how to work with food allergy as soon as possible. A visit to a member of the American Academy of Environmental Medicine, (316)684-5500, the American College for Advancement in Medicine, (800)532-3688, or the American Association of Naturopathic Physicians, (866)538-2267, would be a good start.

Chapter 18

Fight lupus without dangerous prescription drugs

DHEA supplementation has shown to be effective in decreasing the need for prednisone (a cortisone-like drug often prescribed to patients with this disease) in people with lupus. It also appeared to have a beneficial effect on overall well-being, fatigue, and energy levels.

Some recent research has also uncovered a connection between the 2/16 ratio and lupus that could open up a whole new avenue of treatment for people suffering from this painful condition.

Researchers measured the “2/16” estrogen metabolites in 32 people with lupus and 54 healthy individuals.

They reported that although all groups had very similar levels of 16-alpha-hydroxyestrogen (a “bad” estrogen), the healthy individuals had 10 times more 2-hydroxyestrogen (a “good” estrogen) compared to the individuals with lupus. That’s as far as the study went, but if you have rheumatoid arthritis or lupus, it suggests another possible way to improve your symptoms.

First, you should have your own “2/16” ratio measured. It’s a simple process you can do at home by ordering a test kit, collecting urine samples for 24 hours, and sending them back in to the lab. If your results aren’t

good (meaning you have more 16-hydroxyestrogen than 2-hydroxyestrogen), following the steps for correcting the imbalance may help ease your symptoms.

But since lupus is well known to be accompanied by numerous allergies to both foods and supplements (as well as other things), it's also a good idea to have a thorough allergy screening for both foods and potential supplements done before you get started with treatment.

Once you've gotten the “green light” to move forward, start adding more Brassica vegetables—broccoli, cabbage, cauliflower, bok choy, Brussels sprouts, etc.—to your diet. These vegetables contain a substance called indole-3-carbinol (I-3-C), which can help improve your 2/16 ratio.

You may also want to consider taking supplements of another 2/16-regulating nutrient called di-indolylmethane (DIM), 60 milligrams three times daily.

I-3-C also comes in supplement form, but, more often than not, individuals with autoimmune disease also have hypochlorhydria, a condition in which the stomach doesn't produce enough hydrochloric acid to effectively digest and assimilate foods and supplements. I-3-C needs stomach acid to help it work, so DIM supplements are a better choice. But, once again, determining whether or not hypochlorhydria is a problem for you—and treating it if it is—is a good idea in general: It will improve your overall health and your current symptoms by helping your body get the most benefit from the foods and supplements you take.

As you can tell, these suggestions can get a bit complicated, so it's wisest to work with a physician skilled and knowledgeable in natural and nutritional medicine to help you navigate through the tests, allergy screening, and anything else that may occur.

Contact the American College for Advancement in Medicine (800)532-3688; www.acam.org) for a list of physicians in your area.

Chapter 19

Wipe out migraines in minutes for less than \$10

I've seen so many people come to the Tahoma Clinic suffering from migraines who just aren't getting the relief they need from the expensive patent medicines their doctor has prescribed to them. Most of the time, these people are more than a little skeptical when I tell them there's an all-natural, safe, and cheap solution that can stop migraines in their tracks. Who can blame them for doubting it? After all, they've heard similar claims hundreds of times before. But it usually only takes a few minutes to convince them—because that's how long it takes for this treatment to work.

It involves a simple injection of magnesium and vitamin B₆. Magnesium appears to do most of the “work” in relieving migraine pain. Vitamin B₆ helps the magnesium do its job. In general, relatively rapid intravenous injection of magnesium quickly re-regulates and relieves acute muscle contraction/relaxation disorders. (These injections are also useful for recurrent back pain.)

Even better, the shot itself—needle, syringe, and contents—usually costs less than \$10. And a nurse can teach you how to give these injections to yourself right at home.

Chapter 20

Two amazing treatments for “incurable” multiple sclerosis (MS)

Imagine watching a woman who had been suffering from multiple sclerosis for many years—and who had previously needed a walker to help her get around—get up and walk several times around a room, without any help, at good speed and with no balance problems. Imagine listening to her say she’s sleeping better, her energy is much improved, and that she’s able to think more clearly. Imagine hearing another woman, even more severely afflicted, report that she’s able to feed herself again and that her friends and relatives had all noticed her speech is easier to understand. It sounds amazing, I know—and it was even more amazing to watch firsthand. But I saw these things happen as a result of treatment with an amino-acid derivative called Procarin.

Procarin is actually a histamine that is combined with another natural amino acid. It’s not known exactly how Procarin works. One theory is that it may reverse the blood vessel spasms associated with MS, restoring normal blood flow to the affected tissue.

In the research we’ve compiled at the Tahoma Clinic, 67 percent of patients being treated with Procarin report at least one significant improvement in symptoms, and some many more.

Procarin is available as a skin patch and can be obtained by prescription from any compounding pharmacy. To find a compounding pharmacy near you, contact the International Academy of Compounding Pharmacists at (800)927-4227. Physicians familiar

with Procarin and able to prescribe it (if appropriate) can be found through the American College for Advancement in Medicine (ACAM) at (800)532-3688.

Another frequently helpful treatment for patients suffering from multiple sclerosis is called calcium aminoethylphosphate, or CaAEP. This treatment was introduced by Dr. Hans Nieper of Germany, a pioneer in natural medicine. Since then, CaAEP has become one of the few substances to cause clinical improvement in the majority of those patients who have taken it. CaAEP is an injectable supplement, available through “natural medicine” physicians. The chemical works by protecting the integrity of cell membranes, sealing them off from autoimmune complexes but still permitting nutrients to enter. Of the 293 individuals surveyed who tried the intravenous CaAEP, 235 noticed improvement on an average of 13 out of the 36 possible symptoms listed on the survey. The American College for Advancement in Medicine can also help you locate a physician in your area who can tell you more about CaAEP.

Procarin and CaAEP are innovations that offer victims of MS a ray of hope for what was previously believed to be an inevitably deteriorating condition. The use of these two treatments gives us not only a revival of hope, but a much improved chance of making very real improvements in the symptoms of individuals suffering from multiple sclerosis.

Chapter 21

The nutrient "cocktail" that can wipe out chronic pain and more

Mainstream medicine is finally becoming aware of the need to relieve chronic pain. Hospitals now have pain-management teams, and palliative care—a relatively new medical specialty—was developed specifically to address pain relief. Whole centers devoted to pain relief are also cropping up all across the country. But they all concentrate on mainstream "cures"—drugs and surgery, which are rife with uncomfortable and even life-threatening side effects. But I've been using an all-natural nutrient combination to relieve my patients' pain for years, and they tell me it works better than any of the mainstream treatments they'd tried.

The nutrient combination I use is based on the work of Dr. John Myers, M.D., who found this therapy effective for all sorts of conditions—from fibromyalgia to chronic fatigue. It involves intravenous injections of a vitamin and mineral "cocktail" made up of vitamin C, the entire vitamin B complex (including vitamin B₅, also known as dexpantenol), magnesium, and calcium.

You'll need to work with a physician who can determine the exact quantities right for you and help you with the injections themselves. For a list of skilled nutritional doctors in your area, please contact the American College for Advancement in Medicine at (800)532-3688.

Chapter 22

A vitamin victory over psoriasis

If you're one of the 5 million people in the United States suffering from psoriasis, you know just how resistant to treatment it can be. Conventional medicine generally treats psoriasis with topical cortisone preparations. While these can alleviate the symptoms of psoriasis, there are a number of potential side effects including bruising, changes in skin color, and dilated blood vessels. In addition, it is common for a patient to become resistant to the cortisone preparation after several months of treatment, which means that dosages must be consistently increased.

Food allergies and sensitivities are common in most cases of psoriasis, so thorough testing and desensitization should be done under the supervision of a physician. Once allergies have been determined and treated, there are a number of vitamins, minerals, and herbs that can drastically improve—even eliminate—psoriasis.

1.25 dihydroxy vitamin D is a naturally occurring metabolite of vitamin D that can be very effective for most cases of psoriasis. However, it is available only by prescription through compounding pharmacists. To locate a compounding pharmacy in your area, contact the International Academy of Compounding Pharmacists at (800)927-4227 or www.iacprx.org.

Vitamin B₁₂ and folic acid are also helpful in treating psoriasis. To achieve the highest level of relief, these nutrients should be taken over the same period of time. (Just keep in mind that it can take two to three months to experience results.) Because the dosages required are fairly large—1,000 to 3,000 micrograms of vitamin B₁₂ daily and 50 milligrams of folic acid taken two or three times per day—you might need a prescription from a doctor skilled in nutritional medicine. For a referral to one in your area, contact the American College for Advancement in Medicine at (800)532-3688 or www.acam.org.

The rapid cell division that occurs in psoriasis is attributed to an abnormal ratio of two different cell growth-regulating factors. This ratio can often be normalized with an herbal remedy called Forskolin, which is often used in Ayurvedic medicine. Forskolin does not appear to have any toxic side effects and is available in many health food stores, as well as through the Tahoma Clinic Dispensary (425-264-0059; www.tahoma-clinic.com). Most preparations offer 5 milligram tablets and capsules; take two or three of these daily, for a total dose of 10 to 15 milligrams per day.

In medicine, the element nickel is usually thought of as a “bad guy”—a frequent cause of skin reactions

to jewelry (nickel dermatitis). But, as ironic as it sounds, relatively recent research has shown that nickel can be a very effective treatment for psoriasis when it's combined with another natural substance called bromide. Often, psoriasis disappears completely. Other times, it's substantially improved. It's worth trying—especially since the quantities of nickel and bromide required are quite low and adverse reactions are few.

For more information on some specific nickel-bromide preparations, contact Loma Lux Laboratories at (918)664-9882 or www.lomalux.com.

Chapter 23

Beat diabetes with this miracle spice!

Diabetes is in the news quite a bit these days. It's becoming more and more common, and odds are you know at least one person with the disease and may very well be at risk yourself. But how do you know if you're at risk for type 2 diabetes? Well, here are some of the physical symptoms to look for on your body that might be trying to warn you that diabetes is on its way.

- **Shin spots.** Slow-spreading brownish-red (occasionally yellowish) discolorations on the shins are often an early warning sign of impending adult onset (type 2) diabetes.
- **Skin tags.** As the name aptly describes, they're “tags” of skin most frequently found on the neck, under the arms, and in the groin area, and they're a common occurrence on adults.
- **Dupuytren's contracture.** This condition occurs when the connective tissue under the skin of the hand begins to thicken and shorten. As the tissue tightens, it may pull the fingers down towards the palm of the hand.
- **Excess weight.** Obesity is probably the most widely known physical symptom for type 2 dia-

betes, and it's usually the easiest to spot. If this is a problem for you, make sure to carefully examine your body for the other symptoms as well.

In addition to the symptoms you can actually see on your body, you should also be aware of some internal risk factors for type 2 diabetes—namely, high blood pressure, elevated cholesterol and triglyceride levels, and, of course, family history of the disease. While these factors may not put you at risk on their own, combined with the other physical signs they can be additional clues as to whether type 2 diabetes may be in your future.

Luckily, there's an all-natural, great tasting, completely underused treatment that can help prevent type 2 diabetes as well as help treat existing type 1 and type 2 diabetes (both of which are often treated with either an oral medication and/or insulin). Don't expect to hear about it from your “friendly” neighborhood patent medicine salesman or, in all likelihood, even from your doctor. It's non-prescription, cheap, unpatentable cinnamon!

A few years ago, a small flurry of news reports (many found on the Internet) revealed that a research

team led by Dr. Richard Anderson had isolated a part of cinnamon (a flavonoid called "methylhydroxychalcone polymer," or MHCP) that closely mimics insulin activity. The researchers observed that a combination of MHCP and insulin worked synergistically (meaning they were more effective when used together than when either one was used on its own) in regulating glucose metabolism. The researchers concluded that although there were noticeable differences between the responses MHCP and insulin can have on regulating sugar metabolism, the benefit of combining the two therapies is clear. They also noted that MHCP does mimic insulin and that, in most instances, MHCP can work alone—without the presence of insulin. (For more information on Dr. Anderson's MHCP research, refer to the *Journal of the American College of Nutrition*, volume 20, issue 4, pages 327-356.)

Dr. Anderson noted in his research that all species of cinnamon and numerous bottles of commercial cinnamon were tried and that they all worked to help regulate glucose metabolism in his research teams' experiments. However, keep in mind that whole cinnamon has both fat-soluble and water-soluble fractions. There is some evidence that high levels of the fat-soluble fractions of cinnamon could be cause for concern. Some researchers have found that substances in the fat- (and oil) soluble fractions of cinnamon may be both carcinogenic and genotoxic (damaging to genes, and leading to an increased risk of both cancer and birth defects). Fortunately, these risks are easily avoidable, and you can still get all the benefits of cinnamon just by taking a few simple steps.

Dr. Anderson has observed¹ that essentially all toxic materials in cinnamon are fat soluble. He simply recommends that, to be safe, anyone using more than 1/4 to 1 teaspoonful of whole cinnamon daily first boil it in water, then pour off the resulting watery solution for use, and discard the solid remainder, which would contain the fat and oil-soluble fractions. Since MHCP is water-soluble, it's still readily available in the watery solution poured off after boiling the cinnamon. A helpful hint for actually going about separating the oils and

fats on the surface of the water: Try pouring the water through a cheesecloth (cheesecloths are available in many supermarkets and other cooking-supply stores).

If you prefer not to take these steps, but still want to try this natural approach to controlling diabetes, you can avoid the potential hazard of whole cinnamon by using the cinnamon derivative, MHCP.

I've worked with the Life Enhancement Foundation to make MHCP available in supplement form as a product called Insulife. A daily amount of Insulife combines approximately the amount of MHCP found in 1 teaspoonful of whole cinnamon with chromium and other nutrients shown to help reduce insulin resistance. Insulife is available through natural food stores, compounding pharmacies, and the Tahoma Clinic Dispensary (425-264-0059, www.tahoma-clinic.com).

Cinnamon/MHCP might make patent diabetes medications and their myriad adverse effects totally unnecessary. But if you're already taking insulin or a patent medication for diabetes and you want to try cinnamon or MHCP, it's important to work with a physician who can assist you in safely tapering down the amounts of medication you're using.

Many conventional physicians may not be familiar with (or may resist) the idea of using even a well-researched natural product like MHCP, so you may want to consult one of the following groups for a referral to a skilled alternative physician in your area: the American College for Advancement in Medicine, (800)532-3688, www.acam.org; the American Academy of Environmental Medicine, (316)684-5500, www.aam.com; or the American Association of Naturopathic Physicians, (866)538-2267, www.naturopathic.org.

If you have a mild case of diabetes, it's quite possible that your blood sugar level will normalize simply by using cinnamon or MHCP. At the very least, it should improve. And in either circumstance, using cinnamon or MHCP should postpone or even help prevent progression of type 2 diabetes and its complications.

Chapter 24

Wipe out deadly cancers with the mustard miracle

In May 2000, Maria Bell, M.D., revealed study results that pointed to the reversal and apparent cure of a certain type of cervical cancer with a natural substance found in vegetables belonging to the mustard family, including cabbage, broccoli, Brussels sprouts, and bok choy (these are also known as Brassica vegetables).

The natural cancer-fighting substances in these vegetables—isothiocyanates and indoles—help regulate and improve the 2/16 hydroxyestrogen ratio, which is a proven predictor of all hormone-related cancers (like breast and prostate). In essence, a normal 2/16 ratio means less cancer risk.

In this study, Dr. Bell's group used a specific type of indole, called indole-3-carbinol (I3C), to reverse a significant proportion of cervical cancers.

Dr. Bell explained that 95 percent or more of all cervical cancer is directly related to infection with the human papilloma virus (HPV). She noted that HPV infection lowers the 2/16 ratio.

So in her 12-week study, Dr. Bell researched 30 women with moderate or severe cervical dysplasia (HPV is thought to play a role in causing cervical dysplasia).

Ten of the women took 200 milligrams of I3C daily, 10 took 400 milligrams of I3C daily, and the remaining 10 took placebos. At the end of the 12 weeks, both I3C groups' 2/16 ratios had gone up, while the placebo group's had gone down. And as for the women's cancer, 50 percent of those who had been taking 200 milligrams of I3C showed complete regression, as did 44 percent of

the group taking 400 milligrams a day. (None of the patients in the placebo group experienced a regression.)

Research also shows dramatic prostate health benefits. In one study, men who ate as few as three servings of Brassica vegetables a week experienced a 41 percent reduction in prostate cancer risk.

Although the study lasted only 12 weeks, I'd say it's a reasonable prediction that if the women whose cancers regressed continued their I3C and ate Brassica vegetables, their cancers wouldn't return. I think it's also a reasonable prediction eating these vegetables and/or taking I3C regularly may very well prevent a significant proportion of cervical and prostate cancer.

It's also apparent that the 2/16 ratio is a worthwhile risk factor screening tool. Testing your 2/16 ratio is simple and relatively inexpensive. And, best of all, you can do it from home. All that's required is a small urine specimen that you send to the lab by regular mail. In Washington State, where I'm located, you don't even need a doctor's order for the test.

So as Grandma said, "Eat your vegetables!" And she's right. To help prevent cervical, breast, and prostate cancer, eat cabbage, broccoli, Brussels sprouts, cauliflower, or bok choy three to four times a week. Stir-frying or steaming them retains the maximum amount of nutrients. Occasionally, Brassica vegetables can inhibit thyroid function, though, so don't eat more than three or four servings a week for an extended period of time without having your doctor do a thyroid test to make sure everything is running smoothly.

* * * * *

As you've read, there are lots of natural alternatives out there for all sorts of conditions most mainstream physicians will tell you are "incurable." Having an open mind to the power of nature is the first step—one you've already taken just by reading this report. Now that you've armed yourself with the knowledge to take care of your health the natural way, you can get started on the road to a healthier future.

Of course, I can't stress enough how important it is to consult with your physician before making any changes to your current treatment program.

Dr. Jonathan V. Wright's

NUTRITION & HEALING

Green Medicine™

The safe, do-it-yourself treatment possibility for Alzheimer's you can get at your local pharmacy

By Jonathan V. Wright, M.D.

Until very recently, the best strategy for Alzheimer's disease "treatment" has been prevention. Of course, you might remember a few years ago when reports of an "effective" treatment for Alzheimer's symptoms made the news.

Researchers reported that injections of a patent medication called Enbrel® resulted in a significant return of memory in Alzheimer's patients.¹ In fact, one patient even had a noticeable improvement within minutes after a single injection.²

Unfortunately, Enbrel shots aren't a do-it-yourself treatment: They must be injected directly into the spinal canal—a procedure that can only be done by a specialist in neurology or neurosurgery. And it's just as dangerous as it sounds—not to mention expensive. The cost of the patent medicine alone would be

between \$9,918.94 and \$19,837.87 per year. However, as my colleague Robert Rowen, M.D., put it, even though Enbrel is a dangerous patent medication, Alzheimer's is an indescribable tragedy, and with no other effective treatment, the risk and expense may be worth it.

But what if there were a safe, inexpensive, and effective alternative? According to some recent research, the best treatment for Alzheimer's may be a simple vitamin you can take right at home.

Repair Alzheimer's damage with a single vitamin

According to the abstract from the study: "We evaluated the efficacy of nicotinamide...in...mice, and found that it restored cognitive deficits associated with [Alzheimer's disease]."³ After describing the bio-

chemical and structural improvements observed in the mouse brain cells, the researchers concluded: "These preclinical findings suggest that oral nicotinamide may represent a safe treatment for Alzheimer's disease..."

"Nicotinamide" is another name for what is more commonly referred to in this country as "niacinamide."

Read the label carefully!

Although the names are quite similar, *niacinamide is not niacin*. Niacin can have many more side effects than niacinamide, particularly at higher quantities. Should you decide to try niacinamide for a family member suffering from Alzheimer's disease, make *certain* it's not niacin.

Both are types of vitamin B₃.

While the niacinamide didn't have any effect on the most common marker of Alzheimer's, beta-amyloid, it did cause a 60 percent decrease in another marker, called "tau protein" (one specifically referred to as "Thr231-phospho-tau").

Niacinamide was also associated with an increase in "microtubules," which carry information inside

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Dr. Jonathan V. Wright's

NUTRITION & HEALING

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Nutrition & Healing is dedicated to helping you keep yourself and your family healthy by the safest and most effective means possible. Every month, you'll get information about diet, vitamins, minerals, herbs, natural hormones, natural energies, and other substances and techniques to prevent and heal illness, while prolonging your healthy life span.

A graduate of Harvard University and the University of Michigan Medical School (1969), Dr. Jonathan V. Wright has been practicing natural and nutritional medicine at the Tahoma Clinic in Renton, Washington, since 1973. Based on enormous volumes of library and clinical research, along with tens of thousands of clinical consultations, he is exceptionally well-qualified to bring you a unique blending of the most up-to-date information and the best and still most effective natural therapies developed by preceding generations.

Nutrition & Healing cannot improve on these famous words:

"We hold these truths to be self-evident, that all men are created equal, that they are endowed by their creator with certain unalienable rights, that among these are life, liberty, and the pursuit of happiness."

The inalienable right to life must include the right to care for one's own life. The inalienable right to liberty must include the right to choose whatever means we wish to care for ourselves. In addition to publishing the best of information about natural health care, *Nutrition & Healing* urges its readers to remember their inalienable rights to life, liberty, and freedom of choice in health care. This information is published to help in the effort to exercise these inalienable rights, and to warn of ever-present attempts of both government and private organizations to restrict them.

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do-it-yourself Alzheimer's remedy

(continued from page 1)

brain cells. "Microtubules are like highways inside cells. What we're doing with [niacinamide] is making a wider, more stable highway," one of the researchers said. "In Alzheimer's disease, this highway breaks down. We are preventing that from happening."

So it's easy to understand why the researchers have been so enthusiastic about their findings. But the effects appear to go way beyond prevention...

So effective even the mainstream researchers are calling it a "cure"

In one interview⁴, they remarked that niacinamide brought the mice "back to the level they'd be at if they didn't have the pathology. It actually improved behavior in non-demented animals too."

One of the co-authors continued, "this suggests that not only is it good for Alzheimer's disease, but if normal people take it, some aspects of their memory might improve."

And in an uncharacteristic move for mainstream researchers, one of the co-authors even went so far as to say "cognitively, [the mice] were cured. They performed as if they'd never developed the disease."⁵

Of course, the research team couldn't completely abandon their mainstream roots, so they were sure to offer the typical obligatory warning: "Until we've done the proper clinical trials, I wouldn't advocate people rush out and eat grams of this stuff each day."

And just to make sure that message came through loud and clear, the Vice Chair of the Alzheimer's Association Medical & Scientific Advisory Council also commented that the new study is "intriguing," but people should be cautious and not assume that "more is better" when it comes to possible treatments, even ones that appear to be safe.

It's certainly true that more isn't always better. But let me tell you why you don't have to wait around for more research before you reap the benefits of this vitamin breakthrough.

60 years of safety

Although there hasn't been any human research yet, the results of the animal study are so strong that it gives hope that Alzheimer's may be treatable in humans by the same means. Plus, niacinamide has been used extensively for many purposes for over 60 years, and its safety is well-known. In fact, two of the "basic books" about niacinamide therapy were written in the 1940s by William Kaufman, Ph.D, M.D., a psychiatrist and exceptionally thorough clinical researcher.

In 1943, Dr. Kaufman wrote his first book on the nutrient, titled *The Common Form of Niacin Amide Deficiency Disease: Aniacinamidosis*. In it, he lists a number of symptoms he'd

observed in his patients who needed niacinamide:

- Memory impaired; attention easily distracted; can't concentrate. Feels as if in a mental fog. Thought slowed. Difficulty comprehending.
- Unwarranted anxiety. Lacks initiative, not co-operative. Delays making decisions; evasive. Dodges responsibility; starts projects, never finishes.
- Frequently quarrelsome, mean, unreasonable, intolerant, opinionated, unhappy. Can't take a joke; little things annoy.

And he discovered that all of these symptoms—and many more—“disappeared or...improved considerably” with the use of niacinamide.

B₃'s other claim to fame

Vitamin B₃ also has a history of improving another severe mental health problem—schizophrenia.

Abram Hoffer, M.D., Ph.D. (considered to be the “father” of orthomolecular psychiatry) started using niacinamide to treat schizophrenia in 1950. According to Dr. Hoffer's figures, schizophrenic individuals who started taking niacinamide, along with vitamin C, within five years of being diagnosed have a 66 percent—or higher—chance of recovery (although they also need to continue their niacinamide indefinitely).

But it was one of Dr. Kaufman's other observations that led me to recommend niacinamide to the most people. His much longer and more detailed 1949 book focused on treatment of degenerative arthritis with niacinamide. And I saw first-hand many, many times that this therapy was just as effective as he reported.

Two or three years after I first read his books and started recom-

mending niacinamide, I settled on a general dose of 1,000 milligrams taken three times a day. This timing followed Dr. Kaufman's careful clinical work, which showed that spreading out the total amount was significantly more effective than using it all at once. And—perhaps by co-incidence—this dose is actually the “human equivalent” of the amount given to the mice who recovered from the symptoms of Alzheimer's in the study mentioned on page 1.

Over the years, I've found that most people are able to take 1,000 milligrams of niacinamide three times daily indefinitely with no adverse effects. (I say “indefinitely” because, as Dr. Kaufman originally found, and my observations confirmed, niacinamide is a “control” but not an outright cure.) Nearly everyone reported that their symptoms started to improve in just three to four weeks. And after three to four months they'd most often disappear completely—and stay away as long as the person kept taking the vitamin. However, if they stopped taking it, the symptoms it had relieved would start to return (or worsen) just as quickly as they'd gone away—and come back as bad as ever in within four months.

Occasionally someone would experience nausea taking the full amount of niacinamide. Whenever this occurred (which wasn't often) I recommended that the dose be cut in half, to 500 milligrams three times daily. Only one person in 33 years had the nausea persist at the lower dose (and that person was advised to reduce the quantity even further)—everyone else had their symptoms improve in the same pattern noted above with no return of nausea.

A few of those people who got nauseous with the full amount of niacinamide didn't follow the advice

to lower their dose, and, unfortunately their nausea went from mild to severe, and even caused vomiting. Blood tests showed that these patients had elevated liver enzymes, brought on by excess niacinamide (or at least too much for those particular individuals' livers to process). But every case returned to normal within two to three weeks once the person stopped taking niacinamide completely. This sounds somewhat alarming but keep in mind that this only occurred in a small number of people: less than 10 of at least several hundred—possibly as many as 2,000 individuals—in over 33 years. And in those 33 years, there have been no other adverse symptoms!

According to news reports, clinical trials in humans with Alzheimer's are set to begin this year in both England and Southern California. But, again, there's no need for you to wait for the outcome of these clinical trials to try niacinamide for a family member who has Alzheimer's already. (And even if there's no “official diagnosis,” it's worth a try for anyone who has any of the symptoms listed previously on this page). Its exceptional safety, affordability, and availability make it worth trying right now.

And when it comes to Alzheimer's, the sooner niacinamide is started, the better the chances are for it to work, before the accumulation of “intracellular garbage” has done irreversible damage. Of course it's best to work with a physician skilled and knowledgeable in nutritional and natural medicine, in case you have any questions.

Niacinamide is available in 500 and 1,000 milligram capsules and tablets. It can be found at nearly any natural food store, compounding pharmacy, and through the Tahoma Clinic Dispensary. **JVW**

Citations available upon request.

Sleep your way to cancer prevention

You probably experience a sleepless night now and then. But as you get older, it's not uncommon for those occasional nights to become the norm. It can be annoying or inconvenient—but in reality it's a lot more serious than you might think: All those sleepless nights are actually increasing your risk of developing breast cancer or possibly prostate cancer.

That's because while you're sleeping, your body produces melatonin, a hormone that research has shown inhibits the growth of cancer cells. Technically, sleep itself doesn't produce melatonin (commonly known as the "sleep hormone"). Instead, the production of melatonin is encouraged by darkness—and conversely, it's actually suppressed by the light.

For some time now, we've known that women who work at night—and especially women who work rotating shifts—have a higher risk of developing breast cancer. It makes sense when you think about it: Rotating shift workers have the greatest disruption in their normal "sleep/wake" cycles, so their melatonin production is more affected than it is in women who work day shifts.

It's a logical connection, but obviously it isn't solid proof. But recently, researchers established more definitive evidence of the connection.

A study published in 2006 found that melatonin inhibits an enzyme called aromatase. This enzyme is used by both men and women to make estradiol and other estrogens. Higher concentrations of estradiol have been connected to a higher incidence of breast cancer.

So when estradiol is inhibited, the development of breast cancer is also inhibited, at least theoretically. And in fact, the researchers found that melatonin plays a very particular role in combatting a certain strain of breast cancer cells.¹ Melatonin's ac-

tivity at physiologic concentrations (those normally present in our bodies) as opposed to larger than normal levels is particularly important.

Two months later, a study published in the *Journal of Pineal Research* showed that melatonin exhibits three types of anti-estrogenic activity: It interferes with the effects of various estrogens on estrogen receptors, it interferes with the synthesis of estrogens, and finally, it reduces the circulating levels of estradiol.²

The definitive link

In December 2005, *Cancer Research* published a study that presented what's considered to be smoking-gun proof that the melatonin molecule itself has anti-cancer activity.³

Researchers collected blood samples from three groups of healthy, pre-menopausal female volunteers. The women in the first group had blood drawn during the day, those in the second group had it drawn at night when there was no exposure to light, and those in the third group had it drawn at night after they had been exposed to 90 minutes of bright, white fluorescent light. These various blood specimens were then exposed to both human breast cancers and rat liver cancers (hepatomas).

The tumors exposed to both types of melatonin-deficient blood (day-time specimens and night-time specimens collected after bright light exposure) had a high rate of multiplication among the cancer cells. On the other hand, exposure to melatonin-rich blood (the sample collected at night with no light exposure) significantly suppressed the rate at which the cancer cells multiplied. Various commentaries cited this research as the needed proof that melatonin reduces breast cancer risk—and conversely, that a lack of melatonin increases breast cancer risk.

That's great news for the ladies, but the men haven't been left out completely—research on their situation has just been slower in coming.

Very recently, Japanese researchers reported the first study to show that prostate cancer is also likely suppressed by melatonin. Using statistics from 14,502 men, they found that rotating shift workers were three times more likely to develop prostate cancer than day shift workers. Unlike the studies on breast cancer, this research is not yet considered "proof" that melatonin reduces prostate cancer risk—or that a lack of melatonin increases the risk.

However, I don't need to go very far out on a limb to predict that this is exactly what will be found with enough further investigation. The research involving men, melatonin, and prostate cancer is headed down the same road that research for women, melatonin, and breast cancer has already traveled.

But just because there isn't definitive proof yet doesn't mean you can't do something about it. After all, by the time absolute proof is obtained, you and I will be several years older (possibly a decade or more), and by then it could be too late.

It's true that there are certain details we don't know—such as how much you should take in order to reduce the risk of breast cancer or prostate cancer or at what age you should start supplementing. But there are lots of things we do know about melatonin that can serve as a guide.

All of the studies on melatonin show that it is quite safe. Even when it was used in very large quantities (one study used 70 mg nightly), the only adverse effect that occurred at a greater rate than in the placebo group was drowsiness (which makes sense when you

(continued on page 7)

The 5 herbs you need to know about before going under the knife

By Kerry Bone

The things you read about in these pages every month will certainly go a long way in helping you avoid major health problems. But the fact is, for one reason or another, many of us will need to undergo surgery at some point. And it's important to ensure that your health is at peak performance through what can be quite an ordeal. Over the years, I've found that the use of a few simple herbs can help to maintain well-being and optimize healing—setting you up for success before, during, and after surgery.

Minimizing the effects of general anesthesia

The first thing on your pre-surgery to-do list is to make sure that any herbs you're using are safe—and particularly that they don't interact with anesthetic drugs. I wrote an article a few years ago, in the November 2004 issue, called *Surgery and herbs: Do they mix?* The basic advice I gave in that article is to stop taking all herbs about one week prior to surgery as a cautious, conservative approach. The exception is milk thistle, which can help offset one of the most debilitating aspects of surgery: the side effects of general anesthesia.

Based on what I've seen in my own patients, the longer the surgical procedure—and hence the longer they're under general anesthesia—the more likely it is that they'll experience ill effects. But milk thistle (*Silybum marianum*) reduces that risk by minimizing impact of general anesthesia on the whole body—especially the liver. I recommend starting the herb (in concentrated silymarin extract tablet form) about three weeks

prior to surgery. Continue taking it right up to the day before surgery and then pick up right where you left off as soon as possible afterwards.

The dosage amounts depend on the anticipated length of the procedure (and the time you'll be under general anesthesia). For surgery up to two hours, I recommend 600 mg a day, and you should continue taking it for four weeks after surgery. If the surgery takes between two and four hours, I suggest taking 800 mg a day, and then continuing that dose for six weeks after surgery. And for surgery more than four hours long, I still recommend taking 800 mg a day, but continue that dose each day for two to three months post-surgery.

Keep in mind that milk thistle primarily protects the liver against toxic insult and is very safe. In fact, there's no evidence to suggest that it interacts with drugs by speeding up the rate that the liver metabolizes them, so it won't adversely interact with the anesthetic drugs.¹

Boost—and even speed up—your body's own healing powers

If you stop to think about it, without the miracle of healing, all surgery would be lethal. So enhancing the healing response should be a major priority for any patient who has just undergone surgery.

Immune support is one of the key aspects of improving healing. Major surgery also suppresses natural killer (NK) cell activity.² These two factors make Echinacea root the ideal herb to use post-surgically, given what we now know about this its ability to boost innate immunity and NK cell production and

activity.³ I recommend between 2.5 and 5 g of good quality Echinacea root per day, depending on the severity of the surgery and the risk of infection.

But equally important is the use of herbs that promote blood flow to and connective tissue production in areas that have been operated on. Grape seed extract has a number of actions related to healing, including the support of connective tissue by protecting collagen and elastin.⁴ And in clinical trials, grape seed extract has been shown to support microcirculation and improve capillary resistance.^{5,6} It also improves venous function, reducing edema (swelling) and improving venous tone, which helps reduce the risk of post-surgical deep vein thrombosis (DVT).^{7,8} I recommend around 100 to 150 mg of grape seed extract per day.

There is also clinical evidence that suggests *Ginkgo biloba* leaf extract helps improve microcirculation.^{9,10} It combines well with grape seed extract, so I typically recommend 100 to 150 mg per day of a 50:1 leaf extract.

Like grape seed extract, gotu kola (*Centella asiatica*) also helps strengthen veins and capillaries, so it's likely that it can help minimize the risk of post-surgical DVT as well.¹¹ But the area where this underestimated herb really shines is wound healing. In fact, it's been the subject of numerous clinical trials that testify to its ability to boost healing—even when all else has failed.^{12,13}

The production of new connective tissue is probably the most important aspect of healing, and gotu

kola is the only herb that stands out in this area. Clinical trials have established that the active fraction from the herb improves microcirculation, production of connective tissue, and overall wound healing.¹⁴⁻¹⁷ In fact, studies have shown that it actually speeds up the healing

process, especially in terms of the production and strengthening of connective tissue.^{18,19}

These effects have been noted after various surgical procedures^{20,21} and other traumatic injuries.²² And clinical trials have also found that gotu kola helps correct and prevent

the formation of scars.²³

The daily doses of gotu kola that I suggest following surgery contain 150 to 300 mg of the active fraction known as triterpenes. This corresponds to around 7.5 to 15.0 g per day of original starting leaf. **KB**

Citations available upon request.

CLINICAL TIP

Magnesium: Are you getting too much of a good thing?

Magnesium is an essential nutrient with hundreds of known functions in the body. From maintaining and improving energy levels to building bone density, to treating migraines—there are numerous health benefits to supplementing with this nutrient. However, there is a hidden health hazard that most people don't know about.

The most commonly recommended dosage for magnesium supplements is 200 mg to 600 mg and occasionally as high as 1,000 mg a day. For most of us, 200 mg to 600 mg is sufficient. But there's a possible hidden side effect that can occur—and it can happen even at lower doses.

Magnesium-induced magnesium deficiency

In the late 1970s, I worked with a professor of chemistry from a major university. His knowledge and use of vitamins and minerals was well ahead of the university's medical school. When he first arrived, he brought with him an excellent diet plan and, for the time, an exceptionally comprehensive list of vitamin and mineral supplements. He'd been following the diet, exercising, and taking the supplements for several years, but still complained that he was "all tired out!"

So we did some tests. Surprisingly, nearly all his mineral levels were lower than usual. Low, even compared to individuals who had not been supplementing with minerals. Some of his other nutrient levels were also lower than expected. After several negative tests for more-usual causes of nutrient malabsorption (low stomach acid, insufficient digestive enzymes, allergy) we discovered that his 500 milligrams-a-day dose of magnesium was the culprit.

You may not have liked milk of magnesia... this could be why

Remember milk of magnesia? If you ever took it as a child, it's probably not a fond memory! The large quantities of magnesium in this product are quite irritating to the bowel and will usually make you "go." Some of us are much more sensitive to this side effect of magnesium than others. The

professor was one of the sensitive ones. But as he observed: "I don't have diarrhea or even loose bowels!"

There's a prototypically-British term that describes the professor's situation: Gastrointestinal Hurry. The term was coined by my friend and colleague Dr. Stephen Davies, then of London, now of Queensland, Australia. By this he meant a sufficient speeding-up of the bowel to adversely affect nutrient absorption, but not enough to really be noticeable. To document gastrointestinal hurry, he had individuals measure their intestinal transit time while taking varying quantities of magnesium...and then measure again when not taking them.

Intestinal transit time, although not mentioned in the index of two major textbooks of gastroenterology I just checked, is generally understood to be the term that describes the length of time food takes to "transit" from the entrance to the exit of the gastrointestinal tract. Although estimates vary, a reasonable range for "normal" transit time appears to vary from a minimum 12-14 hours to 20-24 hours. Transit time is easily measured by eating beets or corn or swallowing charcoal tablets and observing how long it takes these or other markers to emerge.

The chemistry professor found that his transit time was approximately 18 hours without his usual 500 milligrams-a-day dose of magnesium. With the magnesium, his transit time dropped to 9 to 10 hours without loose bowels; clearly a case of "gastrointestinal hurry." He had a classic case of a magnesium-induced magnesium (and other nutrient) deficiency. He later found that the largest amount of magnesium he could take each day without causing this "hurry" was 250 milligrams.

Most of us can take more magnesium each day without risking gastrointestinal hurry or magnesium-induced magnesium deficiency. However, it's easy enough to discover if your magnesium (or calcium-magnesium) supplement is causing "hurry." I'd recommend checking, especially if your supplements contain more than a total of 500 to 600 milligrams of magnesium daily.

The egg risk you need to know about before you order your next omelet

Poached, hard boiled, over easy—just about any way you cook them, eggs are good sources of nutrition. Except scrambled, that is.

You've probably heard numerous reports claiming that eggs are too high in cholesterol. But if you're eating your eggs cooked in one of the ways listed above, that cholesterol isn't likely to cause any damage to your heart or arteries.

To get a better understanding of why scrambled eggs are the only variety taking the blame, let's back up and go over how the whole "cholesterol is bad for you" myth originated in the first place.

Almost 100 years ago, now-famous Russian researcher Anitschkov fed cholesterol to rabbits. When the rabbits developed atherosclerotic vascular disease, it was said to "prove" that cholesterol "causes" atherosclerosis.

Objections were raised, including the obvious: As born vegetarians, rabbits in Nature have never eaten cholesterol, and even lab rabbits show no inclination to eat chole-

sterol if there are tastier (to a rabbit) alternatives. Despite this, the myth that cholesterol itself causes atherosclerosis has persisted, fueled largely by manufacturers of cholesterol-lowering patent medications and their friends, ex-colleagues, and future colleagues working for *los Federales*.

But in a much-less-publicized experiment approximately half a century later, another researcher tried to duplicate Anitschkov's research. He too fed rabbits cholesterol, but, unlike Anitschkov, he was very careful not to allow the cholesterol to lie around the rabbit cages exposed to air, which causes it to oxidize quite rapidly. Surprisingly (except perhaps to this researcher) the rabbits *did not* develop coronary atherosclerosis. Their arteries remained clear.

What this follow-up study proved is that *oxidized* cholesterol—not cholesterol itself—can cause atherosclerosis in rabbits. However, as there's no money to be made publicizing this detail, many of us have never heard or read of it.

So where do scrambled eggs fit

in? Well, when you cook scrambled eggs, you break the yolks. Since the yolks contain most of the egg's cholesterol, breaking and scrambling them allows that cholesterol to be exposed to much more air and heat than other cooking techniques that leave the yolk intact. That air and heat can cause the cholesterol in the scrambled egg yolks to oxidize before you even have a chance to eat them, potentially contributing to atherosclerosis.

This information isn't meant to terrorize you into fearing the very sight of scrambled eggs. If you're otherwise eating quite well and taking your daily supplements (including antioxidants), the occasional scrambled egg while you're traveling or visiting friends or relatives certainly won't kill you, and likely will be offset by the rest of what you're doing. But if you're a "scrambled egg lover" and eat your eggs cooked this way frequently, you might want to consider giving poached or sunny-side-up a try. **JVW**

Citation available upon request.

melatonin

(continued from page 4)

consider that it's a hormone that encourages sleep). But to avoid that, just reduce the quantity of melatonin you're taking.

Children and younger adults make enough melatonin of their own, so you probably don't need to start taking it as a regular supplement until you're at least 40 to 45 years old. Determining the best dosage is really based on how your body responds to it. If you're having difficulty sleeping, the best dosage for you is the smallest amount needed to provide that improvement in your sleep.

Melatonin doesn't work for everyone, though. There are a significant number of people whose sleep difficulties are not at all helped by taking melatonin. If you fit into this category, don't give up before you try opening the melatonin capsule and placing the contents under your tongue. For some, this works even when swallowing the capsule whole doesn't.

But in the end, if neither method helps you get some much-needed shut-eye, you should still supplement with it in order to reduce your risk of developing breast cancer or (very likely) prostate cancer. I recommend

taking 1 to 3 mg daily. (Our bodies actually produce substantially less than 1 milligram daily internally, but, of course, absorption from "the outside" is always substantially less than 100 percent, frequently less than 10 percent.)

As always, if you have any health problems, consult a physician skilled and knowledgeable in nutritional medicine and bio-identical hormone replacement (since melatonin is a bio-identical hormone) before deciding on a long-term replacement program. **JVW**

Citations available upon request.



How to avoid the “risks” of vitamin E

Q: I would like to know your opinion on the recent articles about how taking over 100 milligrams of vitamin E daily can increase a person’s risk of developing lung cancer. Many multi-vitamins contain 400 milligrams of this vitamin.

—Joe, via e-mail

Dr. Wright: So far, every article published in “mainstream” medical journals telling us that vitamin E increases risk of something (lung cancer, cardiovascular disease, or whatever) suffers from the same basic defect: The so-called “vitamin E” used in such studies is either “d,l-alpha-tocopherol” or “d-alpha-tocopherol” or both. The problem is, these “vitamin Es” *are not* vitamin E as found in Nature.

“d,l-alpha-tocopherol” is an entirely manufactured mixture of “l-alpha-tocopherol” and “d-alpha-tocopherol.” But only the “d-alpha” form is also found in Nature—the “l-alpha” form is an unnatural byproduct of the synthetic process. Our bodies literally can’t make any use of “l-alpha-tocopherol. And, even worse, “l-alpha” blocks the action of “d-alpha.”

There are a total of four tocopherols found in Nature: alpha, beta, delta, and gamma. (To be complete, there are also alpha, beta, delta, and gamma tocotrienols, four more forms of natural vitamin E, for a grand total of eight types of vitamin E. But that’s not relevant to the vitamin E research in question here.) The four tocopherols are al-

ways found together; while the proportions vary, gamma and alpha are the “big two,” while beta and delta are present in smaller quantities. But even though the proportions vary, the tocopherols are always found—and act—together.

“Mainstream” science still hasn’t learned the lessons of the 1930s, when researchers found that even though there are many “B” vitamins (B₁, B₂, B₃, B₅, B₆, B₁₀, B₁₂) for any of them to function most efficiently, all the others should be present. That’s why anytime I recommend an individual B vitamin, I also recommend “backing it up” with the a “B-complex” supplement. The same is true for the four forms of vitamin E: For best results, they should always be used together in the form of a “mixed tocopherol” supplement (which could just as easily be called an “E-complex”).

For example: one study showed that prolonged use of alpha tocopherol competed with gamma tocopherol in the body and ultimately depressed the levels of gamma tocopherol, which increased cardiovascular risk, since the “gamma” form is even more important to the heart than “alpha.”

As usual, for the best results with the least hazard, copy Nature as closely as you can! Always use “mixed tocopherols,” never just alpha tocopherol—and, if you can, add some “mixed tocotrienols” to your supplement program too!

The text contained herein does not constitute medical advice. Nutrition & Healing advises that you consult your own physician before acting on any recommendations contained within this publication.

ALTERNATIVE HEALTH RESOURCES

American College for Advancement in Medicine (ACAM)

Phone: (888)439-6891
www.acam.org

American Academy of Environmental Medicine (AAEM)

Phone: (316)684-5500
www.aaem.com

Tahoma Clinic

for appointments only
Phone: (425)264-0059
www.tahoma-clinic.com

Tahoma Clinic Dispensary

for supplement orders only
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(888)893-6878
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NUTRITION & HEALING

Shocking New Sugar Cane Cures

By Jonathan V. Wright, M.D.

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Shocking New Sugar Cane Cures

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Chapter 1

Beat bladder infections in 3 days or less, naturally

Approximately 90 percent of all bladder infections are caused by *E. coli* bacteria. And while most physicians will throw a prescription for antibiotics at you, you can eliminate this painful condition in just a few days—without putting your immune system at risk. (The *E. coli* I'm referring to here are normal inhabitants of all human and animal intestinal tracts. They are not the same as the food-contaminating, deadly, mutant *E. coli* O157:H7 bacteria.) *E. coli* can "stick" to bladder walls and aren't normally rinsed out of the bladder by urination, so they grow and proliferate, sometimes causing infection.

While the antibiotics will kill the bacteria and cure the infection, they also destroy other "friendly" bacteria living within the body. Continued use of antibiotics (a common treatment for recurring bladder infections) can disrupt the body's normal microflora, which may eventually cause a breakdown in the natural infection-fighting properties of your immune system. Fortunately, natural medicine offers a safe and effective alternative to antibiotics for treating bladder and urinary tract infections.

The natural (and quite safe) "simple sugar" D-mannose has the ability to detach *E. coli* from the walls of the bladder without upsetting the balance of the friendly bacteria necessary for good health. After being loosened from bladder walls, the bacteria are then rinsed away by normal urination. The *E. coli* aren't killed; they're simply relocated—"from the inside to the outside"—and the infection is gone.

People who treat their own bladder infections with cranberry juice are, in fact, using a form of D-mannose therapy. Cranberry juice, as well as pineapple juice, contains more D-mannose than other foods. However, the amounts are too low to be significantly effective against serious infections.

For adults, 1/2 to 1 teaspoonful of D-mannose, dissolved in water and taken every 2 to 3 hours, will eliminate almost any bladder infection caused by *E. coli*. It also has the great advantage of tasting very good!

Despite being classified as a "simple sugar," D-mannose is very safe. Very little of it is actually metabolized by the body. Large doses are washed away in the urine, and the amounts not excreted into the urine are so small that they do not affect blood sugar levels—even in diabetics.

Rediscovering a forgotten cure

Even the remaining 10 percent of bladder infections—ones not caused by *E. coli*—can be eliminated with an effective natural treatment ...one discovered by researchers at the Mayo Clinic in the 1920s. I'm grateful to Dr. Richard Kunin of San Francisco for rediscovering this research and passing it along to all of us.

Remember when you were small and your mother put iodine on cuts and scrapes to "kill the germs?" Iodine and its molecular cousin "iodide" share this germ-killing property. The 1920s Mayo Clinic researchers found that by adding 5 parts per million (PPM) of iodide to urine, all the germs present were killed in approximately 15 minutes. To achieve a 5 PPM concentration takes approximately 15 drops of saturated solution of potassium iodide (SSKI). Taken orally every three to four hours, 15 drops of SSKI (dissolved in considerable water, as it tastes terrible) will eliminate any bladder infection in a day or two.

However, potassium iodide (SSKI) does have some potentially serious side effects. Iodine and iodides can leave a metallic taste in the mouth. They may also make all secretions more "loose," so some people may develop runny, drippy noses after a few

doses. (On the positive side, this effect makes potassium iodide useful for individuals with thick bronchial secretions.) In addition, prolonged use (several weeks to months) of the quantities noted above can inhibit thyroid gland function. Fortunately, thyroid suppression is exceptionally unlikely during a one to two (or at the most three) day treatment period, which is all that is needed to clear up a bladder infection. In the rare occasion that it does occur, thyroid inhibition can usually be reversed by stopping the iodide.

If there's any suspicion of iodine or iodide allergy, SSKI (or any other form of iodine or iodide) should NEVER be used. It's always wisest to use SSKI in cooperation with a physician knowledgeable and skilled in natural medicine. For a referral to one in your area, contact the American College for Advancement in Medicine at (800)532-3688, (949)583-7666 or www.acam.org.

While SSKI is a very effective treatment, D-man-

nose should always be tried first, as it has virtually no side effects and can be safely used for months to years for the few individuals with very frequent, recurrent infections, SSKI cannot.

Both D-mannose and SSKI are absorbed in the upper gastrointestinal tract, so they don't interfere with the "friendly bacteria" of the lower gastrointestinal tract. Overall, D-mannose is far preferable to antibiotics, and despite its possible side effects, SSKI is almost always preferable to antibiotics.

D-mannose is available through the Tahoma Clinic Dispensary with which I am, of course affiliated, by calling (425)264-0059 or by visiting www.tahoma-clinic.com on the web. It is also available through compounding pharmacies, many natural food stores, and many health care practitioners. SSKI and other iodides are usually available only by prescription, although, under the 1995 "DSHEA" law, they can be sold as dietary supplements as long as no information at all is given about their uses.

Chapter 2

Fight bacterial infection the natural way: Replace your antibiotics with a few simple sugars!

Medicine is filled with irony. The medical world created antibiotics to defeat diseases caused by bacteria. And what happened? The bacteria adapted, made our drugs less effective, and, in the process, learned how to make us sicker. Professional dentists (and many, many moms) said for years that sugar rots teeth. And what happened? Researchers discovered that there are exceptions to this rule.

Sugars—particular simple, natural sugars—are demonstrating abilities to protect us from tooth decay, ear infections, bladder infections, asthma, sinusitis, and a host of other diseases caused by bacteria. These sugars can replace antibiotics for some treatments. They may even help us break the vicious

cycle that has seen the medical establishment create ever-stronger drugs...and ever-stronger bacteria.

Diminishing returns from drug therapies

Since the 1940s, mainstream doctors have been prescribing antibiotics for most infections. But even the most conventional physicians have come to realize that the "golden days" of easy bacteria-killing with antibiotics are over.

Bacteria are fighting for their very survival. They are literally learning to save themselves from dying at the hands of antibiotics and steadily producing new strains of antibiotic-resistant bacteria. In essence, bacteria are getting smarter—and stronger. Consequently, they're having a much easier time

making us sick and even killing us.

For example, 25 years ago the dose of amoxicillin used to treat an ear infection was 20 milligrams per kilogram of body weight per day. Now, statistics show that Americans suffer from nearly four times as many ear infections and that the average dose of amoxicillin required to eliminate a single infection is four times higher.

But finding new antibiotics is getting harder and harder, and when they are found, they're likely to be more toxic to us. The antibiotic approach to killing infections is obviously one of diminishing returns.

Prevention: a better way to deal with infection

Obviously, preventing infections is a much better strategy, and there are many ways to do this. (For a review of several approaches to preventing infection, see the April 2001 issue of *Nutrition & Healing*.) A reduction in infections would, of course, result in less antibiotic use and leave us contending with fewer drug-resistant strains. We know that many strains of bacteria lose their resistance if they are not exposed to antibiotics for some time. Some European countries, such as Norway, have significantly reduced their problem with antibiotic-resistant bacteria by restricting antibiotic use.

Unfortunately, the majority of us, including doctors, don't focus sufficiently on prevention, so the infection rate is likely to continue at or near its present level. Consequently, we'd best look for additional tools in the battle against bacterial infection.

Know your enemy

Many famous warriors have commented that one of the most important parts of warfare is intelligence—knowing your enemy. In our single-minded effort to find yet another patentable molecule to kill bacteria, we've fallen short in our efforts to understand the abilities of these microbes.

Elisabet Sahtouris, a biologist, points out that we have learned a great deal recently about the early bacteria that were the first life forms on this planet.

Boost your immune system with polysaccharide power

Simple sugars transmit information, particularly to immune system cells that defend us against infection. When these simple sugars combine in chains along with uronic acid, they're called "polysaccharides." Polysaccharides cause the immune cells to be much more active and vigilant against bacteria and other germs. They help in both the prevention and the treatment of infection. Echinacea, aloe vera, and many types of mushrooms are all rich sources of polysaccharides.

First of all, they are persistent: 90 percent of the bacteria that scientists think existed about 600 million years ago (when the first nucleated cell appeared) are still around. On the other hand, 90 percent of the "higher" life forms that have existed since that time are now extinct! We need to remember these dismal odds when we engage in antibiotic warfare with these bacteria.

For the 2 billion years that bacteria were "the only show in town," they learned to free oxygen from minerals and use it for energy. They learned to move around, ferment organic material, and impart their knowledge and survival skills to other bacteria by sharing their DNA. Almost as soon as one bacterium learns how to deal with a threat (such as one of our antibiotics), they all know. Bacteria are a very tough enemy.

Fight bacteria with sugar

Fortunately, there are natural ways to combat bacteria. Biochemicals (such as sugars) and bacteria interact closely. Bacteria use sugars as a communications medium. Meanwhile, sugars can trigger changes in bacteria. And those interactions have spawned a scientific discipline. The study of sugars and their use in bacterial (and other) living communication systems is called glycobiology.

Dr. Nathan Sharon has been involved with glycobiology for almost 30 years, studying mannose,

galactose, fucose, xylose, N-acetylglucosamine, N-acetylneuraminic acid, N-acetylgalactosamine, and other sugars.

Sugars comprise the “letters of the cellular alphabet,” according to Dr. Sharon. They exist on cell surfaces and help communicate the needs of each cell to its general environment and to other nearby cells.

Molecules of bacteria, viruses, and toxins have receptor sites that are drawn to sugars on particular cells and can hang onto them. This allows bacteria to stick to the surface of cells. However, if bacteria (and viruses) cannot stick to our cells, our bodies’ normal cleansing washes them out.

Now researchers have learned how to turn that relationship into a treatment for infections.

Cure infections naturally

Bladder and urinary tract infections. Glycobiology experts treat such infections by infusing soluble sugars into the urinary tract. Essentially, these free-floating sugars overwhelm the bacteria, attaching themselves to all the receptor sites on the bacteria molecules. Without any free receptors, the bacteria can’t attach themselves to the body’s cells and are flushed away in our urine. Some of the bacteria that has already attached to tissue is also washed away. The remaining bacteria are usually sufficiently handled by our immune systems.

We’ve been using this treatment at the Tahoma Clinic since the 1980s, giving patients D-mannose for E. coli bladder infections. Over 90 percent of bladder infections are caused by E. coli bacteria, which stick to mannose molecules present on the surfaces of the cells that line our bladders. If a person has an E. coli infection and takes D-mannose, the “loose” molecules of D-mannose surround and coat each E. coli bacterium, so they can’t stick to the bladder. The next time the patient urinates, the D-mannose-coated E. coli are rinsed away—headed for their next happy home in a septic tank or sewage treatment plant.

There is also some evidence that we can success-

fully deal with bacteria over longer time periods, without antibiotics, using strategies derived from glycobiology.

For example, a recent study with cranberry juice extract (which contains D-mannose as well as other natural bacteria-fighting substances) shows long-term benefits. A group of women with chronic urinary infections were given the extract every day for six months. The protection offered by the extract, however, lasted an entire year.

Ear and sinus infections. Another substance that has similar abilities is xylitol (“zye-lit-all”). Xylitol is a natural substance, like all of the sugars studied by glycobiology. It looks and tastes like the sugar we are most familiar with, sucrose (or table sugar). We make xylitol in our bodies every day, but it is also found in plums and can be made from wood and wheat grass.

One study found that a solution containing 5 percent xylitol blocks the ability of more than half of all harmful bacteria to “stick” to the tissues inside the back of the nose. As with D-mannose, the bacteria are prevented from infecting us without being actually killed.

Dr. Lon Jones, a physician in Texas, pioneered the use of intranasal xylitol in his medical practice. I’ve spoken to Dr. Jones, and he tells me that his experience has been a 93 percent reduction in ear and sinus infections when the inside of the nose is sprayed regularly with the xylitol solution. Not only does the xylitol appear to “unstick” the bacteria that adhere to the cells lining the nose and sinuses but also stimulates the body’s normal defensive drainage in the back of the nose (where the bacteria causing these conditions usually live).

Dr. Jones points out that his patients’ biggest problem with the success of the xylitol spray is that they experience such dramatic relief that they forget to continue using it! Unfortunately, this results in a recurrence of the original problems. Although it’s too early to say for certain and more research needs to be done, Dr. Jones believes that regular, long-term, xyli-

tol use will change the nature and behavior of the bacteria inside the nose and sinuses, resulting in significantly fewer infections in the long run. Current preliminary research on xylitol's ability to change oral bacteria gives us reason to believe that Dr. Jones is correct.

Allergic reactions and asthma. In addition to stimulating nasal drainage, xylitol spray also removes other pollutants that trigger allergic reactions and consequent asthma attacks. (Asthma can be triggered by infection in the back of the nose and sinuses, other upper respiratory infection, chronic sinus problems, and allergies.)

Dr. Jones' patients control their asthma simply by rinsing away pollutants from the back of the nose on a regular basis. Dr. Jones says that for many of his patients no other asthma medications are needed. This unique nasal spray is available as a product called Xlear (pronounced Klear). Xlear may be available at your own natural food store or compounding pharmacy. It is also available from the Tahoma Clinic Dispensary. To read more from Dr. Jones, visit his web page at www.nasal-xylitol.com. He also writes a column for various newspapers called "Commonsense Medicine." You can read the archives of these columns by visiting www.commonsensemedicine.org.

Sink your teeth into this irony: A sugar prevents cavities!

I've grown rather annoyed with dentistry. Along with everyone else, I've brushed, flossed, and used "water-pressure" devices for my teeth and gums. I haven't knowingly consumed any refined sugar or refined carbohydrates for nearly 30 years. Yet every so often the dentist has informed me it's time to have another filling or two. Furthermore, to this day, no dentist has informed me—or anyone else—of the existence of a simple, safe, good-tasting way to significantly reduce the incidence of dental cavities. Not only does this method exist, but it first appeared in dental and other journals in the 1970s—and there's now no question at all that it really works.

No, it's not that hazardous (but politically cor-

Xylitol reduces tooth decay by 80 percent

Dr. John Peldyak, a dental researcher from the University of Michigan who has been involved in most of the dental research with xylitol in this country, has summed up the results of the past 25 years of clinical studies involving xylitol and tooth decay. Chewing xylitol gum once a day provides little protection. Twice a day reduces tooth decay by 40 percent. Three times a day, by 60 percent, and five times a day—80 percent.

rect) toxic waste byproduct, fluoride. So what is it? Believe it or not, it's a derivative of a natural, simple sugar.

Cavities are caused by the bacteria *Streptococcus mutans* (*S. mutans*). Short- and long-term use of xylitol results in fewer cavities.

Xylitol has been widely used in Finland since the sugar shortages of World War II. In the early '70s, Finnish researchers discovered that xylitol prevents tooth decay, so they started making chewing gum containing it. They found that the *S. mutans* causing tooth decay fed on the xylitol but could not break it down or successfully metabolize it. Eventually, so much xylitol accumulates in these bacteria they get "indigestion" and can't process other food sugars into the acids that destroy tooth enamel. (See the box, above right).

According to Dr. Luc Trahan, part of the faculty of dental medicine at Laval University in Quebec, as xylitol is used over time in the mouth, strains of "xylitol-resistant" *S. mutans* start to emerge. Their numbers increase from a very few to 40 percent or more of the total *S. mutans* population. But curiously, these "new" resistant strains aren't as bothersome, and cause much less trouble with cavities.

Dental researchers wanted to find the best time to start children chewing xylitol gum. In a school setting in Belize, they gave six groups of children six different types of gum to chew four times a day for

two years—with enough on Friday to last through the weekend. At the end of the two years, the children chewing the xylitol gum had the best results in terms of incidents of tooth decay.

Five years later, the researchers returned to do a follow-up study. The children who had chewed the xylitol gum had 90 percent fewer cavities than the other children—without any exposure to xylitol for the five years since the original study ended.

Xylitol's cavity-preventing effects are nothing short of amazing: A group of researchers led by Dr. Eva Soderling reported that when a "study group" of

breast-feeding mothers chewed xylitol gum starting three months after giving birth, their children developed less growth of the *S. mutans* over time. The children themselves were never directly exposed to the xylitol.

Chewing gum containing xylitol is available through many natural food stores and compounding pharmacies, as well as through the Tahoma Clinic Dispensary or through Xlear co. (877-599-5327). For those whose dental work doesn't permit chewing gum, a variety of all-natural xylitol lozenges are also available.

Chapter 3

The sweet secret for effectively lowering cholesterol levels

Three studies prove sugar cane extract more potent than "statin" drugs

Heart disease has become one of the primary health concerns in this country, and the use of cholesterol-lowering drugs has become almost commonplace. Chances are you or someone you know is taking one. In May of 2001, the National Cholesterol Education program revised its "statin" drug recommendations. Under the new guidelines, the number of people in the United States "qualifying" for prescription drug treatment skyrocketed from 13 million to 36 million. These recommendations also bypass attempts to lower cholesterol by means of diet and exercise and instruct physicians to prescribe first, ask questions later.

While these new guidelines are certainly good for the patent medicine industry, they may not be in the best interest of the millions of people now "required" to take statin drugs. Statin drugs are often associated with side effects such as nausea, headaches, dizziness, sleep disturbances, liver problems, muscle weakness, and pain. One statin drug, Baycol, was recalled by the manufacturer after it was found to be linked to over 50 deaths. In addition to these risks, statin drugs carry with them the unpleasant financial

fact that the average cost of these medications is over \$100 per month.

Since the revised guidelines mean big business for big-name patent medicine companies, it's no wonder that news of the natural alternative to these drugs has remained unknown to the general public.

However, clinical trials of one natural substance show that it offers even better results than prescription drugs at lowering overall cholesterol and triglyceride levels while raising levels of HDL (good) cholesterol and protecting against blood clotting. And it offers all of these benefits with virtually no side effects—at less than half the cost of prescription statin drugs. This amazing substance is a fraction of sugar cane, called policosanol, and it may actually eliminate your need for cholesterol-lowering prescription drugs.

Not all sweeteners are created equal

By now you know that refined sugar is on the "absolutely not if you plan to stay healthy" list. In fact, refined sugar can actually cause a huge list of

health problems, including premature tissue stiffening, a process technically (and cleverly) termed “advanced glycosylation endproducts” (AGEs). There’s no room for debate: Eliminating refined sugar is a crucial step in living a healthy lifestyle.

However, not all sugar is created equal. In the previous chapter, we discussed how certain specific natural sugars can help fight bacteria and infections. Whole sugar cane and other sugar cane fractions can also be good for you. For example, molasses, as the “whole juice” of sugar cane, is a somewhat healthful sweetener, containing useful amounts of iron, chromium, pyridoxine (vitamin B6), and other nutrients that help our bodies metabolize sugar. But the powers of sugar cane go far beyond the nutrients in molasses.

Policosanol is a group of eight to nine “long-chain alcohols” (solid, waxy compounds). Research is accumulating to show that policosanol is more effective than the most “popular” (among mainstream doctors) patent medicines for lowering total cholesterol and triglyceride levels. As added bonuses, policosanol helps to prevent strokes by inhibiting platelet aggregation and abnormal blood clotting and may lower blood pressure. And unlike the popular patent medications, policosanol has virtually no side effects, and does not seriously interfere with our bodies’ ability to produce co-enzyme Q10 as the patent statin medications do.

Fighting for heart health: Policosanol outperforms big-name patent medications

Unlike some other supplements (whose claims are supported solely by traditional wisdom or laboratory tests), policosanol has demonstrated its abilities in human trials—trials that compared its performance head to head with top-selling statin drugs. As you will read, policosanol rivaled and even outperformed the statins.

Policosanol vs. Mevacor (lovastatin). In a randomized, double-blind, placebo-controlled study, 53 individuals with type 2 diabetes and high cholesterol were asked to follow a lipid-lowering diet for six

Policosanol—an equal opportunity cardiovascular aid

Medical research is frequently criticized for not paying enough attention to metabolic differences between men and women and for focusing much more on men than on women. One research team, however, concentrated exclusively on the female response to policosanol. This randomized, placebo-controlled, double-blind study consisted of 244 post-menopausal women. All followed a cholesterol-lowering diet for six weeks, and then divided into two groups. One group was given a placebo for 24 weeks. The other group was given 5 milligrams of policosanol daily for 12 weeks, followed by 10 milligrams daily for the next 12 weeks. The results were dramatic: Policosanol lowered LDL cholesterol by 25 percent and raised HDL cholesterol 29 percent. Total cholesterol levels fell nearly 17 percent in the policosanol group. In the placebo group, LDL, triglyceride, and total cholesterol levels actually went up.

It’s quite apparent that policosanol can make a very significant improvement in serum cholesterol levels for women as well as for men.

weeks. After that, the patients were divided into two groups. One group was given 20 milligrams of Mevacor daily, while the other group was given 10 milligrams of policosanol daily for 12 weeks. While both groups experienced lowered total cholesterol, the policosanol group’s LDL cholesterol was dropped 4 percent lower than the Mevacor group. Also, the policosanol group’s HDL levels rose nearly 8 percent, compared to a 3 percent drop in the Mevacor group. But the most exciting results occurred in the triglyceride levels. Policosanol caused an 18 percent drop in triglycerides. Mevacor offered only a 0.5 percent drop.

Policosanol vs. Zocor (simvastatin). In another study, 53 individuals ages 60 to 77 with “primary hypercholesterolemia” (high cholesterol not linked to

diabetes or other known metabolic problems) first followed a lipid-lowering diet for six weeks. After that, they were “randomized” to take either 10 milligrams of Zocor or 10 milligrams of policosanol daily for eight weeks. Again, both groups experienced overall lowered cholesterol levels. However, triglyceride levels in the policosanol group were 5 percent lower than those in the Zocor group.

Policosanol vs. Pravachol (pravastatin). In this trial, 68 individuals ages 60 to 80 with “type 2 hypercholesterolemia” (a very common type) and “high coronary risk” were first asked to follow a low-fat diet for six weeks. After the six weeks, the participants were divided into two groups, one of which took 10 milligrams of policosanol daily, and the other took 10 milligrams of Pravachol daily, both for eight weeks. Policosanol offered better results in all areas, lowering LDL levels 4 percent more than Pravachol, lowering

triglycerides 11 percent more, and raising HDL levels 18 percent—13 percent more than Pravachol.

Policosanol lowers blood pressure; statin drug raises it

High blood pressure is another marker of cardiovascular disease, and, as such, is subject to monitoring and—all too often—prescription drug treatment. Fortunately, the benefits of policosanol extend to this arena as well.

In the Mevacor study mentioned above, policosanol lowered blood pressure by what the researchers termed “a mild but significant” degree. Systolic blood pressure (the “upper” number) dropped by approximately 8 points, and diastolic blood pressure (the “lower” number) dropped by approximately 3 points. Both numbers actually went up with Mevacor, the systolic by 2 points and the

Banish blood clots without aspirin

Mainstream physicians, especially mainstream cardiologists, have made a very big deal of the adage “an aspirin a day keeps heart attacks away.” What they usually don’t make a big deal of is the fact that continuous aspirin use can lead to gastro-intestinal bleeding and accelerate progression toward osteoporosis. Treatment with aspirin has become common because of its positive effects on platelet aggregation. If aggregation is excessive, clots form too easily, and the risk of heart attack is higher.

I prefer a more natural approach that avoids the potential side effects of aspirin, and have generally recommended fish oil (1 to 2 tablespoonsful of cod liver

oil daily), which makes platelets more “slippery” and less likely to stick together abnormally. Now it appears that policosanol shares fish oil’s safe and effective anti-clotting attributes.

The study on policosanol vs. Pravachol referenced above also examined policosanol’s effects on platelet aggregation, or clotting. The researchers used four natural substances to induce clotting in the study participants. They then measured policosanol’s effectiveness against each of these substances. Policosanol inhibited aggregation by 16.6 percent, 20.3 percent, 42.2 percent, and 69.5 percent respectively when exposed to the four substances. In considerable contrast, Pravachol

actually made clotting worse in the first measure. Even Pravachol’s best results, measured in the last test, were still 20 percent lower than those offered by policosanol.

In another comparative trial using healthy volunteers, 20 milligrams of policosanol daily was found to be just as effective as 100 milligrams of aspirin (the daily dose most widely recommended by mainstream physicians).

There’s no question that a combination of policosanol and cod liver oil is much preferable to aspirin, not only for platelet aggregation inhibition and cholesterol regulation but also for cardiovascular health and health in general.

diastolic by approximately 5 points.

In the Zocor study, the policosanol group showed statistically significant lowered blood pressure levels (an 8 point drop in systolic and a 4 point drop in diastolic). The Zocor group did not show statistically significant results.

A protective powerhouse

The studies summarized above are just a few of many that demonstrate the beneficial effects of policosanol. In head-to-head comparisons with various statin drugs, policosanol does a better job. And not only is policosanol at least as safe as placebo, it appears safer!

Policosanol does not require a prescription and is widely available in natural food stores, compounding pharmacies, and various online sources in 10- and 15-milligram capsule form. Although other strengths are also available, a single 15-milligram capsule daily appears to be enough for most uses.

Policosanol is also available through the Tahoma Clinic Dispensary (425)264-0059, www.tahoma-clinic.com. Prices vary widely, so

shop around. I have no financial connection with any manufacturers or suppliers of policosanol, although I am, of course, connected with the Tahoma Clinic Dispensary.

Please note: If you are already taking a prescription cholesterol medication, you should consult your doctor before making any changes.

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